

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016041

FILED  
Feb 14, 2012  
Secretary of State

Entity Name: MAD COWFORD IMPROV, INC.

## Current Principal Place of Business:

5663 GREENLAND RD., #1106  
JACKSONVILLE, FL 32258

## New Principal Place of Business:

## Current Mailing Address:

5663 GREENLAND RD., #1106  
JACKSONVILLE, FL 32258

## New Mailing Address:

FEI Number: 51-0670936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALINOWSKI, JOHN G  
5663 GREENLAND RD., #1106  
JACKSONVILLE, FL 32258 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DCEO  
Name: KALINOWSKI, JOHN G.  
Address: 5663 GREENLAND RD., #1106  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP  
Name: STROMBERG, RACHEL  
Address: 2421 PROVOST RD. E.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: WELCH, WILLIAM P.  
Address: 4418 THICKET RIDGE CT.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP  
Name: SPRUIELL, RICKY D.  
Address: 3737 ST. JOHNS BLUFF RD., #2309  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: WICAL, ROBERT J.  
Address: 2421 PROVOST RD. E.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN G. KALINOWSKI

DCEO

02/14/2012

Electronic Signature of Signing Officer or Director

Date