

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051263

Entity Name: MA SALES OF FLORIDA, INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

735 ALMOND ST  
STE A  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

735 ALMOND ST  
STE A  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 45-2424798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOUGHERTY, TOM K  
735 ALMOND ST  
STE A  
CLERMONT, FL 34711 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: PS  
Name: DOUGHERTY, TOM K  
Address: 735 ALMOND ST, STE A  
City-St-Zip: CLERMONT, FL 34711

Title: TVP  
Name: EHNIS, L A  
Address: 735 ALMOND ST., STE A  
City-St-Zip: CLERMONT, FL 34711

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: TOM K DOUGHERTY

PS

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date