


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000016036</b>	
1. Entity Name M.S.C., INC.	

Principal Place of Business 1715 N WESTSHORE BOULEVARD STE 900 TAMPA, FL 33607 US	Mailing Address 1715 N WESTSHORE BOULEVARD STE 900 TAMPA, FL 33607 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3227086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GASSMAN, ALAN S 1245 COURT ST STE 102 CLEARWATER, FL 34616
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature of holder of stock or other person authorized to sign for the corporation</small>	DATE _____ <small>Date of signature</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D DAVIS, THOMAS C 1715 N WESTSHORE BLVD #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D COCHRAN, KENNETH D 1715 N WESTSHORE BLVD #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D MARTIN, WILLIAM P 1715 N WESTSHORE BLVD #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D BROYLES, LOUIS N 1715 N WESTSHORE BLVD #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D PEACOCK, DANNY T 1715 N WESTSHORE BLVD #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000188833  
01/24/05-80063-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Thomas C Davis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	THOMAS C. DAVIS 1-18-05 8132872148 DATE
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