


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 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
--	--



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

DATE  
000000301564  
01/24/06-80045-013 150.00

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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 line empowered.

SIGNATURE: Thomas C Davis **THOMAS C DAVIS** 1-4-2006 8132872148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #