

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000016036

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**



01152007 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000598241
01/24/07-80068-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, THOMAS C
STREET ADDRESS	1715 N WESTSHORE BLVD #900
CITY-ST-ZIP	TAMPA, FL

TITLE	D
NAME	COCHRAN, KENNETH D
STREET ADDRESS	1715 N WESTSHORE BLVD #900
CITY-ST-ZIP	TAMPA, FL

TITLE	D
NAME	MARTIN, WILLIAM P
STREET ADDRESS	1715 N WESTSHORE BLVD #900
CITY-ST-ZIP	TAMPA, FL

TITLE	D
NAME	BROYLES, LOUIS N
STREET ADDRESS	1715 N WESTSHORE BLVD #900
CITY-ST-ZIP	TAMPA, FL

TITLE	D
NAME	PEACOCK, DANNY T
STREET ADDRESS	1715 N WESTSHORE BLVD #900
CITY-ST-ZIP	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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. DAVIS

1-16-07

Date

813 2872148

Daytime Phone #