



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90027 034 ***150.00

DOCUMENT # P94000016036					
1. Entity Name M.S.C., INC.					
Principal Place of Business 3030 N. ROCKY POINT DR. WEST, SUITE 150 TAMPA, FL 33607 US			Mailing Address 3030 N. ROCKY POINT DR. WEST, SUITE 150 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # 3030 N. Rocky Point DR. West Suite, Apt. #, etc. 150		3. Mailing Address 3030 N. Rocky Point DR. West Suite, Apt. #, etc. 150		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40020631</div> 	
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3227086	
Zip 33607		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GASSMAN, ALAN S 1245 COURT ST STE 102 CLEARWATER, FL 34616				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, THOMAS C 1715 N WESTSHORE BLVD #900 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 N. Rocky Point DR. West, #150 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COCHRAN, KENNETH D 1715 N WESTSHORE BLVD #900 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 N. Rocky Point DR. West, #150 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, WILLIAM P 1715 N WESTSHORE BLVD #900 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 N. Rocky Point DR. West, #150 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROYLES, LOUIS N 1715 N WESTSHORE BLVD #900 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 N. Rocky Point DR. West, #150 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEACOCK, DANNY T 1715 N WESTSHORE BLVD #900 TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 N. Rocky Point DR. West, #150 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ 1-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40020691
P94000016036

January 16, 2008

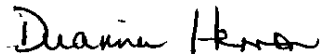
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: ANNUAL REPORT
M.S.C. INC.
DOCUMENT #P94000016036

To Whom It May Concern:

Our office moved to a new location in October 2007 and on November 5, 2007 I sent an e-mail to change the address of which I enclose a copy. The address has a typo and the Directors addresses were not changed to the new address. I have enclosed our annual renewal with the address corrections noted on the form. If you have any questions please call me at 813-314-2384.

Sincerely,



Dianna Herron
Administrative Assistant to
Louis N. Broyles, III

DH

ATTACHMENT

40020691
P94000016036

11/5/07
St of FL
Addu chg

Louis Broyles

From: Louis Broyles [lbroyles@mscmail.biz]
Sent: Monday, November 05, 2007 4:04 PM
To: 'corpaddresschange@dos.state.fl.us'
Subject: ADDRESS CHANGE

RE: MSC, INC.
#P940000163036
Tax ID# 59-3227086

Our office has moved, please update the address to:

MSC, Inc.
3030 N. Rocky Point Drive West, Suite 150
Tampa, FL 33607
New phone number 813-314-2300

Thank you,
Dianna Herron
Administrative Assistant to
Louis N. Broyles, III
Phone 813-314-2384

NEW ADDRESS
3030 North Rocky Point Drive West, Suite 150
Tampa, FL 33607
Lou Broyles 813-314-2385
Dianna Herron 813-314-2384
Fax: 813-639-0479