

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P94000045871**

1. Entity Name  
M.P. ASSOCIATES, P.A.



Principal Place of Business

1944 BAYHILL DRIVE  
VIERA, FL 32940

Mailing Address

1944 BAYHILL DRIVE  
VIERA, FL 32940



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3250695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PINKERMAN, MARILYN  
1944 BAYHILL DRIVE  
VIERA, FL 32940

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000403144  
02/03/06-80035-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKERMAN, MARILYN 1944 BAYHILL DRIVE VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PINKERMAN, CHARLES M 1944 BAYHILL DRIVE VIERA, FL 32940
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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:** *Marilyn Pinkerman* **MARILYN PINKERMAN** 1-24-06 321-255-1080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #