

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000023996

1. Entity Name  
M & S ENTERPRISES OF MID FLORIDA, INC.



Principal Place of Business  
3792 E. GULF TO LAKE HWY  
INVERNESS, FL 34453 US

Mailing Address  
3792 E. GULF TO LAKE HWY  
INVERNESS, FL 34453 US



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3305858

Applied For  
Not Applicable

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

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

PHINNEY, MARK K  
7928 E. STUMP LANE  
INVERNESS, FL 34453

**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)

000000766821  
07/03/07-000000-012 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PHINNEY, MARK K
STREET ADDRESS	7928 E. STUMP LAKE
CITY-ST-ZIP	INVERNESS, FL
TITLE	VP
NAME	THOMSON, SUSAN
STREET ADDRESS	7928 E STUMP LANE
CITY-ST-ZIP	INVERNESS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Susan Thomson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/07 352-726-4101