2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90026 008 ***150.00

DOCUMENT # P95000029902

1. Entity Name
MD DIVERSIFIED GROUP, INC.

Principal Place of Business
5150 SE 112TH ST RD
BELLEVIEW FL 34420

Mailing Address
5150 SE 112TH ST RD
BELLEVIEW FL 34420

1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 10305 NW 193 St.
Suite, Apt. #, etc.
City & State: Micanopy, FL
Zip: 32667 Country: USA.

3. Mailing Address: 10305 NW 193 St.
Suite, Apt. #, etc.
City & State: Micanopy, FL
Zip: 32667 Country: USA

4. FEI Number: 59-3323585 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DEMPSEY, MICHAEL L
5150 SE 112TH ST RD
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent
Name: Michael L Dempsey
Street Address (P.O. Box Number is Not Acceptable): 10309 NW 193 St.
City: Micanopy FL Zip Code: 32667

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] DATE 3/10/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	DEMPSEY, MICHAEL L	
STREET ADDRESS	5150 SE 112TH ST RD	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	S	☒ Delete
NAME	DEMPSEY, ANGELA M	
STREET ADDRESS	5150 SE 112TH ST RD	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres / c/o	☒ Change ☐ Addition
NAME	Michael L. Dempsey	
STREET ADDRESS	10309 NW 193 St.	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Angela M. Dempsey	
STREET ADDRESS	10309 NW 193 St.	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3/10/2006 352-591-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #