


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000013014	
1. Entity Name THE MISSION GROUP, INC.	
	
Principal Place of Business 1835 EAST HALLANDALE BEACH BLVD. SUITE 507 HALLANDALE BEACH, FL 33009 US	Mailing Address 1835 EAST HALLANDALE BEACH BLVD. SUITE 507 HALLANDALE BEACH, FL 33009 US



04162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TSIMORTOS, PAUL N
1835 EAST HALLANDALE BEACH BLVD
SUITE 507
HALLANDALE BEACH, FL 33009**

**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 _____ DATE _____
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, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TSIMORTOS, PAUL N 1835 E. HALLANDALE BEACH BLVD. - STE. 507 HALLANDALE BEACH, FL 33009
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul N Tsimortos* **PAUL N TSIMORTOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05
Date

(303) 674-1000
Daytime Phone #