


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90058 034 \*\*\*150.00

<b>DOCUMENT # P96000038322</b> 1. Entity Name M.P.D., INC.					
Principal Place of Business 2433 BAY FIELD CT HOLIDAY, FL 34691 US			Mailing Address 2433 BAY FIELD CT HOLIDAY, FL 34691 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0675721</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PASZKOWSKI, DARIUSZ 2433 BAY FIELD CT HOLIDAY, FL 34691				7. Name and Address of New Registered Agent  Name <b>DARIUSZ PASZKOWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2433 BAY FIELD CT</b> City <b>HOLIDAY</b> <b>FL</b> Zip Code <b>34691</b>	
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: <u><i>[Signature]</i></u> <b>DARIUSZ PASZKOWSKI</b> REG. AGENT. DATE: <b>3/29/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASZKOWSKI, DARIUSZ		NAME		
STREET ADDRESS	2433 BAY FIELD CT		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> <b>DARIUSZ PASZKOWSKI</b> PRES.			DATE: <b>3/29/05</b> DAYTIME PHONE: <b>727-943-8894</b>		

40045117



01252005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORRECT NAME →

Name **DARIUSZ PASZKOWSKI**

Street Address (P.O. Box Number is Not Acceptable)

**2433 BAY FIELD CT**

City **HOLIDAY** **FL** Zip Code **34691**

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]* **DARIUSZ PASZKOWSKI**  
REG. AGENT. DATE: **3/29/05**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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CITY-ST-ZIP

P ☐ Delete  
PASZKOWSKI, DARIUSZ  
2433 BAY FIELD CT  
HOLIDAY, FL 34691

☐ Change ☐ Addition

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SIGNATURE: *[Signature]* **DARIUSZ PASZKOWSKI**  
PRES. DATE: **3/29/05** DAYTIME PHONE: **727-943-8894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #