2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # P96000038322 1. Entity Name M.P.D., INC.						03-05-2008	3 90028 00	03 ***15	0.00
Principal Place of Busines	3S	Mailing Address		:			. •		
2433 BAY FIELD CT HOLIDAY, FL 34691 US		2433 BAY FIELD CT HOLIDAY, FL 34691	US						
HOLIDAI, I'E 34031	03	100011,10 31031	03			N IEME BIKK ESMI SEM ESI	NI KURU KUMA KUMA INI	1 ()) 1 () 01 (:1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Numb 65-067			· ·	plied For t Applicable
Zip	Country	Zip	Coun	itry	6. Certificate	of Status Desired		8.75 Add ee Required	
6. Name	e and Address of Current	Registered Agent		Nama	7. Name and	Address of New R	legistered A	gent	
PASZKOWSKI, DARIUSZ				Name					
2443 BAY FIELD C HOLIDAY FL 3469			Street Address (P.O. Box Number is Not Acceptable)						
HOLIDATSPETOTOS									
		City			FL	Zip Code)		
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 Tegistered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF			
TITLE P PO Delete NAME . PASZKOWSKI, DARIUSZ				E IE				Change	☐ Addition
STREET ADDRESS 2433 BAY FIELD CT				EET ADORESS '-ST-ZiP					
CITY-ST-ZIP HOLIDA'	Y, FL 34691	☐ Delete	TITL					☐ Change	☐ Addition
NAME		NAME						_	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '- ST-ZIP					
TITLE	☐ Delete TITE				·			Change -	- Addition
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5.12.755.535				'-ST-ZIP					
TITLE		☐ Delete	TITL!			•		☐ Change	☐ Addition
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					- Addition
TITLE		C Oelete	TITL.					☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS (- ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME			NAM	ı					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					}
12. I hereby certify that the	he information supplied with	h this filing does not qualify for strue and accurate and that	or the ex	emptions contain	ned in Chapter 11	9, Florida Statutes.	I further certi	ly that the in	nformation or director
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.									
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. DARIUSE PASTKOUSKI SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Despring Phone 9									
SIGNATURE: 29/08 72/->09-72/2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat									