


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 021 ***150.00

DOCUMENT # P96000049043					
1. Entity Name MR GROUP, INC.					
Principal Place of Business 10720 72ND ST. STE. 305 LARGO, FL 33777 US			Mailing Address 10720 72ND ST. STE. 305 LARGO, FL 33777 US		
2. Principal Place of Business - No P.O. Box # 10550 72ND STREET Suite, Apt. #, etc. STE 506 City & State LARGO FL Zip 33777 Country US		3. Mailing Address 10550 72ND STREET Suite, Apt. #, etc. STE 506 City & State LARGO, FL Zip 33777 Country US			
		04232008 Chg-P		CR2E034 (12/06)	
4. FEI Number 59-3506161				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent REISCHMANN, MICHAEL J 10720 72ND ST STE 305 LARGO, FL 33777			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10550 72ND STREET STE 506 City LARGO FL Zip Code 33777		
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>Susan M Reischmann</u> <u>Susan M Reischmann</u> <u>4/23/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISCHMANN, MICHAEL J 10720 72ND ST # 305 LARGO, FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Susan M Reischmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/23/2008</u> Daytime Phone # <u>727-546-5029</u>	