2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000049051

1. Entity Name

MFR, INC.

Principal Place of Business	Mailing Address
P O BOX 569	P O BOX 569
MARIANNA, FL 32447 US	MARIANNA, FL 32447 US

DO NOT WRITE IN THIS SPACE

03072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
35-1988017	Not Applicable

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

6. Name and Address of Current Registered Agent

CEARLEY, EDGAR C III
4376 LAFAYETTE STREET
MARIANNA, FL 32447

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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, 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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U0000532275 05/06/06-80078-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CEARLEY, EDGAR C III
STREET ADDRESS	4376 LAFAYETTE ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	C
NAME	BIDDINGER, JOHN W
STREET ADDRESS	7491 ALBERT TILLINGHAST DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   4/24/06   4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #