

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 043 ***150.00

DOCUMENT # P97000003086

1. Entity Name
MR-17, INC.



Principal Place of Business
**1963 PARK AVENUE
ORANGE PARK, FL 32073**

Mailing Address
**1963 PARK AVENUE
ORANGE PARK, FL 32073**

40007200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3417397

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

**RAWLING, MICHAEL G
1963 PARK AVENUE
ORANGE PARK, FL 32073**

Name

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

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and role 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **RAWLING, HAROLD J**
STREET ADDRESS **2121 TOM THUMB COURT**
CITY- ST- ZIP **MIDDLEBURG, FL 32068**

TITLE **VP** ☐ Change ☒ Addition
NAME **AREVALO, EDUARDO R.**
STREET ADDRESS **1228 GREEN COVE AVE.**
CITY- ST- ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **PT** ☐ Delete
NAME **RAWLING, MICHAEL G**
STREET ADDRESS **1274 HICKORY COVE LN**
CITY- ST- ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **S** ☐ Delete
NAME **BROWN, NORMA**
STREET ADDRESS **15185 NORMANDY BLVD**
CITY- ST- ZIP **JACKSONVILLE, FL 32234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #