2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000026551

 Entity Name MTC, INC.

FILED Feb 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

8000~SEMINOLE blvd. STE 5

8000 SEMINOLE BLVD.

STE 5

SEMINOLE, FL 33772

SEMINOLE, FL 33772



DO NOT WRITE IN THIS SPACE

02162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3441918 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERBO, MARK 8000 SEMINOLE BLVD STE #1 SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

O C.	_, 00, , _			IN	THIS SPACE	
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or o	egistered agent, or bo	oth, in the State of Florida Tam familiar with, and accep	†
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable. (NOTE Registered A	gem signatur	Pequired when refrastring)	DATE SATE	-
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	 Election Campaign Financi Trust Fund Contribution. 	ng 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·		The second secon	-
NTLE Wame Street address City-St-Zip	PD KERBO, MARK 8000 SEMINOLE BLVD STE 5 SEMINOLE, FL 33772				//////////////////////////////////////	
IITLE NAME SIREET ADDRESS CITY-ST-ZIP	VD KERBO, ANTHONY 8000 SEMINOLE BLVD STE 5 SEMINOLE, FL 33772	χ		•		
TITLE Name Street address City-St-Zip	STD KERBO, CHRIS 8000 SEMINOLE BLVD STE 5 SEMINOLE, FL 33772			DO NOT WRITE		
TITLE Name Street adoress City-St-Zip				IN THIS SPACE		
TITLE		· 1				

12. Thereby certify that the information supplied with this filling 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND FIRED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

02/16/06

727-319-8706 Dayone Phone #