


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90400 026 ***150.00

DOCUMENT # P97000029845


1. Entity Name
MPS IP SERVICES CORP.



Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE, FL 32202 US	Mailing Address 1 INDEPENDENT DR. ATTN TAX DEPARTMENT JACKSONVILLE, FL 32202 US
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DO NOT WRITE IN THIS SPACE

40075743



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3461939	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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOLLAND, GREGORY O ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEYBRUCH, ANDREW ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, GERALD 1 INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAITTA, THOMAS ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASHEEN, CHARLES ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: (904) 360-2704 Daytime Phone #