

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90046 036 ***150.00

DOCUMENT # P97000037381

1. Entity Name
MFB SERVICES, INC.



00060363

Principal Place of Business
**29712 US 19 NORTH
SUITE 430
CLEARWATER, FL 33761 US**

Mailing Address
**29712 US 19 NORTH
SUITE 430
CLEARWATER, FL 33761 US**

2. Principal Place of Business
43 LAKE SHORE DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 657
Suite, Apt. #, etc.



08032005 Chg-P CR2E034 (10/03)

City & State
PALM HARBOR, FL 34684

City & State
PALM HARBOR, FL

Zip
34684

Country
FLORIDA

Zip
34682

Country
FLORIDA

4. FEI Number
59-3450245

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BATASSA, MARIO F
29712 U.S. 19 NORTH, STE. 430
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
43 LAKE SHORE DRIVE
City
PALM HARBOR FL Zip Code
34684

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVSD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATASSA, MARIO			NAME			
STREET ADDRESS	1625 INDIANA AVE			STREET ADDRESS	43 LAKE SHORE DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34683			CITY-ST-ZIP	PALM HARBOR, FL 34684		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted L. Freidinger, MBA, CPA, PA

Certified Public Accountant Masters, Business Administration

Past Chairman of the Board

1114 Florida Ave, Suite B

Member

Palm Harbor Chamber of Commerce

PO Box 736

Old Palm Harbor Partnership

Palm Harbor, FL 34682

(727) 786-1600

Fx: 210-0494

Board of Directors

Palm Harbor Community Services Agency

57060363
ATTACHMENT

Wednesday, August 03, 2005

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: MFB Services, Inc. Uniform Business Report
Document # P97000037381

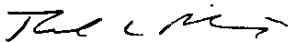
Dear Sir or Madam:

I have returned the original post card so that my client would receive the standard form and be able to make address changes. Unfortunately, they never received this form.

Enclosed is the completed download of the form along with a check for timely filing fee.

Please abate the penalty for late filing as my client did not receive the form for complete and return.

Sincerely,



Ted Freidinger