

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # P99000039352

1. Entity Name
MBS SPEC PROPERTIES, INC.



Principal Place of Business

1141 PINE POINT
SINGER ISLAND, FL 33404

Mailing Address

1141 PINE POINT
SINGER ISLAND, FL 33404



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0922048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPECTOR, SAMUEL D
1141 PINE POINT
SINGER ISLAND, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME SPECTOR, SAMUEL D
STREET ADDRESS 1141 PINE POINT
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE PT
NAME HALSEY, BRIGITTE S
STREET ADDRESS 1141 PINE POINT
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE S
NAME SPECTOR, MAXINE R
STREET ADDRESS 1141 PINE POINT
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000643810
03/07/07-80024-006 150.00

**DO NOT WRITE
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:

Brigitte S Halsey
Brigitte S Halsey 1-29/07 561-844-7364

Date

Daytime Phone #