

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 031 ***150.00

DOCUMENT # P99000039469

1. Entity Name
MBG LOADER SERVICE, INC.



Principal Place of Business
**160 JEFFERSON AVE. S
LAKE PLACID, FL 33852**

Mailing Address
**160 JEFFERSON AVE. S
LAKE PLACID, FL 33852**

2. Principal Place of Business - No P.O. Box #
16000 Jefferson Ave South

3. Mailing Address
16000 Jefferson Ave South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Placid, FL

City & State
Lake Placid, FL

Zip
33852

Country
USA

Zip
33852

Country
USA

03052007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0915813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, MICHAEL B
160 JEFFERSON AVE. S
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name
Michael B Griffin

Street Address (P.O. Box Number is Not Acceptable)
16000 Jefferson Ave South

City
Lake Placid **FL** Zip Code
33852

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
PST ☐ Delete
NAME
GRIFFIN, MICHAEL B
STREET ADDRESS
160 JEFFERSON AVE. S
CITY-ST-ZIP
LAKE PLACID, FL 33852

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DVPST ☒ Change ☐ Addition
NAME
Michael B Griffin
STREET ADDRESS
16000 Jefferson Ave South
CITY-ST-ZIP
Lake Placid, FL 33852

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Michael B. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #