

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90220 022 \*\*\*150.00

**DOCUMENT # P99000077308**

1. Entity Name  
M D R CONSULTING, INC.



Principal Place of Business  
11308 EDGEWATER CR.  
WELLINGTON, FL 33414

Mailing Address  
11308 EDGEWATER CR.  
WELLINGTON, FL 33414

40090233



2. Principal Place of Business - No P.O. Box #  
5594 Lago Del Sol Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
5594 Lago Del Sol Dr.  
Suite, Apt. #, etc.

04022008 Chg-P CR2E034 (12/06)

City & State  
Lake Worth, FL

City & State  
Lake Worth

Zip  
33449

Country  
USA

Zip  
33449

Country  
USA

4. FEI Number  
65-0945611

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
MONTGOMERY, MARK K  
11308 EDGEWATER CR.  
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
5594 Lago Del Sol Dr.  
City Lake Worth FL Zip Code 33449

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] DATE 4/2/08

Signature of officer or principal of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Montgomery, Mary K	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTGOMERY, MARY K		NAME 5594 Lago Del Sol Dr.	
STREET ADDRESS 11308 EDGEWATER CR.		STREET ADDRESS Lake Worth, FL 33449	
CITY- ST- ZIP WELLINGTON, FL 33414		CITY- ST- ZIP Lake Worth, FL 33449	
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 exemptions contained in Chapter 119, Florida Statutes. I further 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR