

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 038 ***150.00

DOCUMENT # P99000081807

1. Entity Name
MSL NORTH, INC.



Principal Place of Business
**1415 TIMBERLANE RD.
#217
TALLAHASSEE, FL 32312**

Mailing Address
**1415 TIMBERLANE RD.
#217
TALLAHASSEE, FL 32312**

2. Principal Place of Business - No P.O. Box #

1471 Timberlane Rd.

Suite, Apt. #, etc.

#126

City & State

Tallahassee FL

Zip

32312

Country

US

3. Mailing Address

1471 Timberlane Rd.

Suite, Apt. #, etc.

#126

City & State

Tallahassee, FL

Zip

32312

Country

US



01282008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3601070

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRONA, WILLIAM D
1415 TIMBERLANE RD.
STE 217
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1471 Timberlane Rd. #126

City

FL

Zip Code

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 nonstanding)

DATE

2/1/08

**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

TITLE **P** ☐ Delete
NAME **CRONA, WILLIAM D**
STREET ADDRESS **1415 TIMBERLAND ROAD, STE 217**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1471 Timberlane Rd. #126**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

893-9830

Daytime Phone #