

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000086768

1. Entity Name
MJD DIVERSIFIED FINANCIAL SERVICES, INC.



FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
810 CENTERBROOK DR.
BRANDON, FL 33511

Mailing Address
810 CENTERBROOK DR.
BRANDON, FL 33511



07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3600887
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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

07/20/08 05:00 PM 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE PD
NAME DISCHNER, MICHAEL J
STREET ADDRESS 810 CENTERBROOK DRIVE
CITY-ST-ZIP BRANDON, FL 33511

TITLE VST
NAME DISCHNER, CHARLENE L
STREET ADDRESS 810 CENTERBROOK DRIVE
CITY-ST-ZIP BRANDON, FL 33511

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STREET ADDRESS
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CITY-ST-ZIP

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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:

Michael J. Dischner Michael J. DISCHNER Pres. 7/21/08 813-681-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ER Date Daytime Phone #