

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099202

1. Entity Name
MWD ENTERPRISES OF ARCADIA, INC.



Principal Place of Business

**2652 KOCH AVENUE
ARCADIA, FL 34266**

Mailing Address

**PO BOX 1500
ARCADIA, FL 34265**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0963818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, H.C.
2652 KOCH AVENUE
ARCADIA, FL 34266**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000036068
02/06/04-80044-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDONALD, H.C.
STREET ADDRESS 2652 KOCH AVENUE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VP
NAME DAUGHERTY, MARVIN
STREET ADDRESS 2652 KOCH AVENUE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE ST
NAME WALKER, DAVID L
STREET ADDRESS 2652 KOCH AVENUE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 exemption stated in Section 119.07(3)(b), 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: *H.C. McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

Daytime Phone #