



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90195 009 \*\*\*150.00

<b>DOCUMENT # P99000103562</b> 1. Entity Name <b>MRD EQUITIES, INC.</b>					
Principal Place of Business <b>1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062</b>				Mailing Address <b>1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062</b>	
2. Principal Place of Business <b>4250 N. Federal Hwy.</b>		3. Mailing Address <b>4250 N. Federal Hwy.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lighthouse Point, FL</b>		City & State <b>Lighthouse Point, FL</b>			
Zip <b>33064</b> Country		Zip <b>33064</b> Country		01202005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0964971</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAS DAYHOFF, MICHAEL R 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-P-T-AS-CFO 4250 N. Federal Hwy. Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS SMITH, PHILLIP P 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Smith, Philip P. 4250 N. Federal Hwy. Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Michael R. Dayhoff</u> <u>President</u> <u>4/27/05</u> (954) 867-1234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Michael R. DAYHOFF*