


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90019 023 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P99000103562 1. Entity Name MRD EQUITIES, INC. | | | |  | |
| Principal Place of Business 4250 N FEDERAL HWY POMPANO BEACH, FL 33064 | | | Mailing Address 4250 N FEDERAL HWY POMPANO BEACH, FL 33064 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lighthouse Point, FL | | City & State Lighthouse Point, FL | | 4. FEI Number 65-0964971 | |
| Zip 33064 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33064 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div> | | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS DAYHOFF, MICHAEL R 4250 N FEDERAL HWY POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D P A S T C F O Lighthouse Point, FL 33064 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS SMITH, PHILLIP P. 4250 N FEDERAL HWY POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lighthouse Point, FL 33064 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE 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: <i>Michael R. Dayhoff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Michael R. Dayhoff, V. Pres. <small>Date</small> | | |
| | | | 1/19/06 <small>Daytime Phone #</small> | | |
| | | | 954/867-1234 | | |