

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # S81712

1. Entity Name
MPTP HOLDINGS, INC.



Principal Place of Business

740 APEX ROAD
SARASOTA, FL 34240 US

Mailing Address

740 APEX RD
SARASOTA, FL 34240 US



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0290021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLIARD, PATRICIA A
740 APEX ROAD
SARASOTA, FL 34240

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 D
NAME HILLIARD, PATRICIA A.
STREET ADDRESS 740 APEX ROAD
CITY-ST-ZIP SARASOTA, FL

TITLE V
NAME HILLIARD, TIM A
STREET ADDRESS 740 APEX RD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V
NAME HILLIARD, PATRICK
STREET ADDRESS 740 APEX RD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE P
NAME HILLIARD, MIKE A
STREET ADDRESS 740 APEX RD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000874926
04/11/08-80012-005 150.00

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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: MIKE HILLIARD

3.28.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #