

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90278 036 \*\*\*150.00

**DOCUMENT # S84291**

1. Entity Name  
MP PROPERTIES LTD., INC.



Principal Place of Business  
9675 4TH STREET NORTH  
ST.PETERSBURG, FL 33702-2529 US

Mailing Address  
9675 4TH STREET NORTH  
ST.PETERSBURG, FL 33702-2529 US

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3091047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DREWES, JOHN G  
9675 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VD  
NAME DREWES, JOHN G.  
STREET ADDRESS 9675 4TH ST NO  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ~~PD~~  
NAME ~~FISHER, STEVEN D.~~  
STREET ADDRESS ~~4640 SHORTLEAF LANE NE~~  
CITY-ST-ZIP ~~ST. PETERSBURG, FL 33703~~

TITLE D/P  
NAME DREWES, JAMES T  
STREET ADDRESS 9675 4TH ST. N.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 727-578-2848