


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000054102
1. Entity Name
M SQUARE HOLDINGS, INC.



Principal Place of Business Mailing Address
1884 SOUTH LANDGUARD ROAD 1884 SOUTH LANDGUARD ROAD
ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0029294 Not Applicable

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

6. Name and Address of Current Registered Agent
MATHEWS, MONTY J
1884 SOUTH LANDGUARD ROAD
ST. AUGUSTINE, FL 32092

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | MATHEWS, MONTY J |
| STREET ADDRESS | 1884 SOUTH LANDGUARD ROAD |
| CITY - ST - ZIP | ST. AUGUSTINE, FL 32092 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |

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05/24/05-80004-009. 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 exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE: *Monty J Mathews* 4/8/05 904-230-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #