


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90295 008 ***150.00

DOCUMENT # 551005			
1. Entity Name THE 6-M COMPANY			
Principal Place of Business P.O. BOX 555237 ORLANDO FL 32855-2237		Mailing Address P.O. BOX 555237 ORLANDO FL 32855-2237	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2473229		Applied For <input type="checkbox"/> Not Applicable	
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	
MORALL, BEN, JR. 6266 WHISPERING WAY ORLANDO FL 32807		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, DORIS			NAME			
STREET ADDRESS	6266 WHISPERING WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, BEN JR.			NAME			
STREET ADDRESS	6266 WHISPERING WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, DENIYA			NAME			
STREET ADDRESS	6266 WHISPERING WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, WENDELYN			NAME			
STREET ADDRESS	5178 MILLENIA BLVD APT 307			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32839			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, MONICA			NAME			
STREET ADDRESS	4617 CASON COVE DR APT 926			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALL, BEN III			NAME			
STREET ADDRESS	6266 WHISPERING WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807			CITY-ST-ZIP			

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.

SIGNATURE: Doris S. Morall / Doris S. Morall 4/23/04 407-277-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #