

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 APR 25 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 No Chg-P CR2E034 (10/03)

DOCUMENT # K65780
1. Entity Name
DOUBLE M, INC.



Principal Place of Business 16931 W LA HWY 335 ABBEVILLE, LA 70510 US	Mailing Address 16931 W LA HWY 335 ABBEVILLE, LA 70510 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097067	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
**MCDONALD, BRUCE A.
4300 BAYOU BLVD
SUITE 13
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE

6. 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**

VOID
04/25/05 0000022051 00133-019 50.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARCEAUX, WAYNE 16931 W LA HWY 335 ABBEVILLE, LA 70510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARCEAUX, CRYSTAL 16931 W LA HW 335 ABBEVILLE, LA
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900054288929
05/11/05--01053--002 **150.00

4/25/05

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: Crystal Marceaux Sic **4/21/05** **337-652-7437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #