2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2005 08:00 AM **DOCUMENT # M76366 Secretary of State** 1. Entity Name M & M OF PENSACOLA, INC. Principal Place of Business Mailing Address % IAMES C. MONCIER, IR. 1515 EAST LARUA ST. % JAMES C. MONCIER, IR. 1515 EAST LARUA ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 CR2E034 (10/03) 03242005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2882636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MONCIER, JAMES C., JR. 1515 E. LARUA ST. PENSACOLA, FL 32501 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 Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered about and title if applicable. U00000277340 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees 03/26/05-80024-021 150.00 After May 1, 2005 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE MONCIER, JAMES C., JR. NAME STREET ADDRESS 1515 E. LARUA ST. CITY-ST-ZIP PENSACOLA, FL ከሽይ NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

James C. Moncier &

3-24-05

250 438.5748

Daytime Phone

FILED