2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M76366

1. Entity Name
M & M OF PENSACOLA, INC.



FILED
Mar 26, 2008 08:00 AM
Secretary of State

Principal Place of Business % JAMES C. MONCIER, JR. 1515 EAST LARUA ST. PENSACOLA, FL 32501 Mailing Address

% JAMES C. MONCIER, JR. 1515 EAST LARUA ST. PENSACOLA, FL 32501



03232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2882636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent MONCIER, JAMES C., JR. DO NOT WRITE 1515 E. LARUA ST. PENSACOLA, FL 32501 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agneture required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MONCIER, JAMES C., JR. STREET ADDRESS 1515 E. LARUA ST. PENSACOLA, FL CITY-ST-ZIP TITLE NAME 000000869857 04/09/08-80065-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 807, 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:

NAME Street adoress

ATTURE AND TYPED OR PRENTED NAME OF BROWNING OFFICER OR DIRECTOR

3-22-08

850 438-5748