

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 002 ***150.00

DOCUMENT # P06000023730

1. Entity Name
M&M SHEET METAL SERVICES INC.



Principal Place of Business
**763 NEW BERLIN RD
 JACKSONVILLE, FL 32218**

Mailing Address
**763 NEW BERLIN RD
 JACKSONVILLE, FL 32218**

2. Principal Place of Business - No P.O. Box #
14211 Country Place

3. Mailing Address
14211 Country Place

Suite, Apt. #, etc.



03302007 Chg-P CR2E034 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32226

Country

4. FEI Number **204332477 F**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALLOY, WILLIS L
 763 NEW BERLIN RD
 JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent

Name **Maloy, Willis L**

Street Address (P.O. Box Number is Not Acceptable)
14211 Country Place

City **Jacksonville FL** Zip Code **32226**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOY, WILLIS L 763 NEW BERLIN RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BURDEN, NATHAN A 12224 NAOMI DRIVE JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maloy, Willis L 14211 Country Place Jacksonville FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia A. Maloy 14211 Country Place Jacksonville FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Willis L. Maloy Jr.* **Willis L. Maloy Jr.**

Date: **4-25-07** Daytime Phone #: **(904) 226-2013**