


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000069812**

1. Entity Name  
 MXM ENTERPRISES, INC.



Principal Place of Business      Mailing Address

7265 CLOISTER DRIVE      7265 CLOISTER DRIVE  
 SARASOTA, FL 34231      SARASOTA, FL 34231

**DO NOT WRITE IN THIS SPACE**



01262005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0529274      Not Applicable

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

6. Name and Address of Current Registered Agent

LESSIG, ROY  
 7265 CLOISTER DRIVE  
 SARASOTA, FL 34231

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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, 2005 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	P LESSIG, ROY 7265 CLOISTER DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRUSE, PHILIP 2731 17TH ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000230407  
 02/15/05-80042-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROY LESSIG      2-10-05      941-925-0724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #