


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90049 032 \*\*\*150.00

**DOCUMENT # P98000073316**  
 1. Entity Name  
**M & R ENTERPRISES OF LAND O' LAKES, INC.**



Principal Place of Business  
**21240 LAKE PATIENCE RD.  
 LAND O' LAKES, FL 34639**

Mailing Address  
**21240 LAKE PATIENCE RD.  
 LAND O' LAKES, FL 34639**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3547846** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**HARRELL, GORDON MAXWELL  
 3404 WEST IDLEWILD  
 TAMPA, FL 33614**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3901 ST. AUGUSTINE PL**  
 City **LAND O' LAKES** FL Zip Code **34639**

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: *[Signature]* DATE: **3-15-04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	HARRELL, JAMES HARRELL 3848 ST. AUGUSTINE PLACE LAND O' LAKES, FL 34639	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	HARRELL, GORDON MAXWELL 3404 WEST IDLEWILD TAMPA, FL 33614	TITLE PSTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE VICKI L. HARRELL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* DATE: **3/15/04**

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