


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90010 003 \*\*\*158.75

**DOCUMENT # P04000106399**

1. Entity Name  
**M & M CONSTRUCTION OF KEY WEST, INC.**



Principal Place of Business 1107 KENNEDY DRIVE NO. 281 KEY WEST, FL 33040	Mailing Address 1107 KENNEDY DRIVE NO. 281 KEY WEST, FL 33040
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09012005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1407087** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVILA, GREGORY D**  
**2505 FLAGLER AVE.**  
**KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DELVALLE, MARCUS</b>	
STREET ADDRESS	<b>40 BLUEWATER DR.</b>	
CITY-ST-ZIP	<b>SADDELBUNCH KEY, FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEL VALLE, MARCUS</b>	
STREET ADDRESS	<b>40 BLUEWATER DRIVE</b>	
CITY-ST-ZIP	<b>SADDELBUNCH KEY, FLORIDA 33042</b>	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOLHAGE, DANIEL L.</b>	
STREET ADDRESS	<b>1219 20th TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST, FLORIDA 33040</b>	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOLHAGE, DANIEL L.</b>	
STREET ADDRESS	<b>1219 20th TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST, FLORIDA 33040</b>	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEL VALLE, MARCUS</b>	
STREET ADDRESS	<b>40 BLUEWATER DRIVE</b>	
CITY-ST-ZIP	<b>SADDELBUNCH KEY, FLORIDA 33042</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Marcus Del Valle **MARCUS DEL VALLE** Date 9/2/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #