

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327907

FILED
Feb 14, 2006
Secretary of State

Entity Name: THE 5-M COMPANY, INC.

Current Principal Place of Business:

19464 PINETREE DR.
PO BOX 4231
TEQUESTA, FL 334697231

New Principal Place of Business:

Current Mailing Address:

19464 PINETREE DR.
PO BOX 4231
TEQUESTA, FL 334697231

New Mailing Address:

FEI Number: 59-1270463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN V.V., JR.
5303 CENTER ST.
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODNER, MARTHA,
Address: 605 UNIVERSE BLVD.,
City-St-Zip: JUNO BEACH, FL 33408

Title: D () Delete
Name: JARRETT SR, LOWELL E,
Address: 768 WASH FREEMAN RD.
City-St-Zip: HENDERSONVILLE, NC 28792

Title: PD () Delete
Name: BOWMAN, JR., V.V.
Address: PMB 436, 6671 W. INDIANTOWN RD., #56
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: SPARGER, JAMES M,
Address: 19464 PINETREE DR
City-St-Zip: TEQUESTA, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. SPARGER

SD

02/14/2006

Electronic Signature of Signing Officer or Director

Date