2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327907

Title:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Name: THE 5-M COMPANY, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
19464 PINE TEQUESTA	TREE DR. A, FL 334697:	231				
Current Mailing Address:			New Maili	New Mailing Address:		
19464 PINE PO BOX 42 TEQUESTA		231				
FEI Number:	59-1270463	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BOWMAN V.V., JR. 5303 CENTER ST. JUPITER, FL 33458 US			19464 PINE	SPARGER, JAMES M P. 19464 PINE TREE DR. TEQUESTA, FL 33469 US		
The above in the State		submits this statement for the p	urpose of changing i	ts registered of	ffice or registered agent, or both,	
SIGNATUR	E: JAMES M	I. SPARGER		01/16/2009		
Election Cam		ic Signature of Registered Age g Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GOODNER,MA 605 UNIVERSE JUNO BEACH,	BLVD.,	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	JARRETT SR, I 768 WASH FRE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BOWMAN, JR.,	W. INDIANTOWN RD., #56	Title: Name: Address: City-St-Zip:	BOWMAN, BON	W. INDIANTOWN RD., #56	

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES M. SPARGER P/D 01/16/2009

() Delete

SPARGER, JAMES M.

19464 PINETREE DR

TEQUESTA, FL

(X) Change () Addition

SPARGER, JAMES M.

19464 PINETREE DR

TEQUESTA, FL, FL 33469