


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # 542468 1. Entity Name MPM INC.	
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Principal Place of Business 6702 NW 54TH DR GAINESVILLE, FL 32653 US	Mailing Address 6702 NW 54TH DR GAINESVILLE, FL 32653 US
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01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1752190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOHNE, AGNES L 6702 NW 54TH DR GAINESVILLE, FL 32653
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 BOHNE, AGNES L. 6702 NW 54TH DR GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHNE, PAUL E. 6702 NW 54TH DR GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOHNE, MARK C. 6702 NW 54TH DR GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOHNE, MICHELLE M. 6702 NW 54TH DR GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOHNE, THOMAS S. 6702 NW 54TH DR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000610975
02/02/07-80042-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Agnes L. Bohne **AGNES L. Bohne** 1-29-07 352 371-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #