


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 612230
 1. Entity Name
M AND M LAWN MOWER SALES AND SERVICE, INC.



Principal Place of Business 7516 N ARMENIA AVE TAMPA, FL 33604-5205	Mailing Address 7516 N ARMENIA AVE TAMPA, FL 33604-5205
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2010487	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MULLINS, MICHAEL E
 3905 W. VASCONIA ST
 TAMPA, FL 33629

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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, 2006 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	SD MULLINS, CHARLOTTE I 69 SEASON VISTA LANE WAYNESVILLE, NC 28785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MULLINS, ERIC A 11403 CYPRESS PARK ST. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MULLINS, MICHAEL E (EXEC) 3905 W. VASCONIA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLINS, CECIL E 4724 WISCONSIN AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000563362
 05/20/06-80036-006 550.00

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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:  **5/8/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #