2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 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

DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2010487
Applied For
Not Applicable

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

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

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

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U00000754817
05/22/07-80076-024 150.00

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: ERIC A. MULLINS 4/20/07 813-932-4943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #