


**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      Mailing Address  
 7516 N ARMENIA AVE      7516 N ARMENIA AVE  
 TAMPA, FL 33604-5205      TAMPA, FL 33604-5205

**DO NOT WRITE IN THIS SPACE**



04262007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2010487**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	

**DO NOT WRITE IN THIS SPACE**

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 05/22/07-80078-024 150.00

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 another like empowered.

SIGNATURE:  **ERIC A. Mullins**      4/27/07      813-932-4943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #