2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90078 033 ***158.75

DOCUMENT # 672540

1. Entity Name
M & O, INC.

Principal Place of Business	Mailing Address
~~1302 N. 19TH STREET., SUITE 300~~ TAMPA, FL 33605	P.O. BOX 5238 TAMPA, FL 33675

2. Principal Place of Business	3. Mailing Address
1320 E. 9th Avenue Tampa, FL 33605	Suite, Apt. #, etc.
	City & State
Zip / Country	Zip / Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2010275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPITANO, JOSEPH JR. ~~1302 N. 19TH STREET., SUITE 300~~ TAMPA, FL 33605	Name: Street Address: 1320 E. 9th Avenue Tampa, FL 33605 City: FL Zip Code:

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] JOSEPH CAPITANO JR. 4/15/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD / CAPITANO, JOSEPH / ~~1302 N. 19TH STREET., SUITE 300~~ / TAMPA, FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1320 E. 9th Avenue Tampa, FL 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD / GARCIA, ALFONSO JR / ~~1302 N. 19TH STREET., SUITE 300~~ / TAMPA, FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1320 E. 9th Avenue Tampa, FL 33605	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] JOSEPH CAPITANO JR. 4/15/04 813.247.4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #