

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # F05000000936

1. Entity Name
MNN&MNN, INC.



Principal Place of Business
**1960-C BUFORD BLVD.
TALLAHASSEE, FL 32308**

Mailing Address
**1960-C BUFORD BLVD.
TALLAHASSEE, FL 32308**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number

90-0109765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | CP |
| NAME | CONN, MICHAEL A |
| STREET ADDRESS | 1113 WISTERIA DRIVE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 |
| TITLE | S |
| NAME | HARRIS, NICHOLAS H |
| STREET ADDRESS | 1113 WISTERIA DRIVE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 21, 2008 850 878-8784

Date

Daytime Phone #