


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F19674 1. Entity Name M & P SERVICES, INC.	
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Principal Place of Business 1120 NW 23RD AVE GAINESVILLE, FL 32609	Mailing Address 1120 NW 23RD AVE GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE



02142D08 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2069862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARRISH, PEGGY S 4821 NW 51ST PLACE GAINESVILLE, FL 32606

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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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, PEGGY S 4821 NW 51 PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARRISH, KAREN L. 6824 N.W. 81ST BLVD. GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/06/08-80026-015 150.00

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: <i>Karen L. Parrish</i> KAREN L. PARRISH	2/19/08	352-375-5858
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>