## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F22640

7-M INDUSTRIES, INC.



US

Principal Place of Business

801 DUNBAR AVENUE OLDSMAR, FL 34677 US Mailing Address

**801 DUNBAR AVENUE** OLDSMAR, FL 34677

05072007

No Chg-P

CR2E034 (11/05)

**FILED** 

May 11, 2007 08:00 AM Secretary of State

4. FE! Number 59-2074524

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLEN, RICHARD A **801 DUNBAR AVENUE** OLDSMAR, FL 34677

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	named entity submits this statement for thions of registered agent.	e purpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and	tilla if applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIF	RECTORS	<b>I</b>		
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	PSD MULLEN, RICHARD A 10707 GALLOP PL TAMPA, FL 33623		U00000763619 05/30/07-80018-002 158.75 DO NOT WRITE		
TITLE Name Street address City-St-Zip	V MULLEN, RICHARD 10707 GALLOP PL TAMPA, FL 33623				
TITLE Name Street address City-St-Zip	T MULLEN, RICHARD A 10707 GALLOP PLACE TAMPA, FL 33623				
TITLE Name Street address City-SI-ZIP				IN .	THIS SPACE
TITLE Name Street address City-St-Zip					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Mullen, President 4/27/07