

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002278

Entity Name: MFM INDUSTRIES, INC.

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

3951 WEST HIGHWAY 329
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
LOWELL, FL 32663

New Mailing Address:

FEI Number: 59-3436720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, MICHAEL W
3951 WEST HWY 329
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

MALLARD, ELLIOTT
3951 WEST HWY 329
REDDICK, FL 32686 US

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.

SIGNATURE: ELLIOTT MALLARD

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WILKINSON, MICHAEL W
Address: 3951 WEST HIGHWAY 329
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: BAUM, RICHARD
Address: 10 KINZEL LANE
City-St-Zip: WEST ORANGE, NJ 07052

Title: D () Delete
Name: ALBRECHT, KNUTE C
Address: 950 WEST VALLEY RD., SUITE 2902
City-St-Zip: WAYNE, PA 19084

Title: D () Delete
Name: PALMER, W.M. JR
Address: 3233 SW 33RD ROAD, SUITE 201
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MALLARD, ELLIOTT
Address: 3951 WEST HIGHWAY 329
City-St-Zip: REDDICK, FL 32686

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEVEY, HUGH
Address: 122 EAST 42ND STREET 46TH FLOOR
City-St-Zip: NEW YORK, NY 10168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOTT MALLARD

PSTD

02/27/2009

Electronic Signature of Signing Officer or Director

Date