## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H10088**

1. Entity Name
MFM ENVIRONMENTAL COMPANY



Principal Place of Business

3233 SW 33RD RD

201

STE 201

OCALA, FL 34474

OCALA, FL 34474-459 US

Mailing Address

P O BOX 367

OCALA, FL 34478-367 US

DO NOT WRITE IN THIS SPACE

## FILED Jan 07, 2005 8:00 am Secretary of State

01-07-2005 90020 004 \*\*\*150.00

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01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2473572

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, WHITFIELD M JR
3233 SW 33RD RD

DO

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finant     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS		· · · · · · · · · · · · · · · · · · ·	· <del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PALMER, W. M., JR. 2241 SE 25TH ST OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, MARGARET 1318 S.E. 8TH ST. OCALA, FL 34471		:		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLANZER, DOROTHY 4220 SW 5TH AVENUE OCALA, FL 34474			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					f
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(ii) Florida Statutes I further certify that the information

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:

DOTA THE SHO THE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/5/05

352-237-6145

Oate

Daytime Phone #