

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H10088

1. Entity Name
MFM ENVIRONMENTAL COMPANY



Principal Place of Business
3233 SW 33RD RD
201
OCALA, FL 34474-459 US

Mailing Address
P O BOX 367
OCALA, FL 34478-367 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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
STE 201
OCALA, FL 34474

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	PALMER, W. M., JR.
STREET ADDRESS	2241 SE 25TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	PALMER, MARGARET
STREET ADDRESS	1318 S.E. 8TH ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	GLANZER, DOROTHY
STREET ADDRESS	4220 SW 5TH AVENUE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/06-80008-020 150.00

**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: *Dorothy Glanzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dorothy Glanzer

1/5/06 **352-237-6145**
Date **Daytime Phone #**