

**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 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**



01022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2007 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	

U000000577037  
01/05/07-80010-014 150.00

**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:** \_\_\_\_\_

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

**1/2/07 352-237-6145, X214**

Date

Daytime Phone #