2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # J08055 04-05-2004 90417 022 ***150.00 M & M TAXI SERVICES, INC. Principal Place of Business Mailing Address % MARSHA MCPEAKE 19309 GULFSTREAM DRIVE % MARSHA MCPEAKE 19309 GULFSTREAM DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2701629 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCPEAKE, MARSHAT Street Address (P.O. Box Number is Not Acceptable) 19309 GULFSTREAM DRIVE TEQUESTA FL 33469 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE MCPEAKE, MARSHA NAME NAME 19309 GULFSTREAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIF TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attach

FILED

Daytime Phone #