## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #J11060

## **FILED** Jun 27, 2007 8:00 am Secretary of State 06-27-2007 90001 029 \*\*\*550.00

1. Entity Name M & Y PROPERTIES, INC.												
Principal Place of Business 8963 103RD ST JACKSONVILLE, FL 32210 US				Mailing Address 8963 103RD ST JACKSONVILLE, FL 32210 US				40121942				
2. Principal Place of Business - No P.O. Box # 3. N				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06202007	Chg-P	CR2E0	34 (12/06)	
City & State				City & State				4. FEI Numb 59-270	-		<del></del>	oplied For ot Applicable
Zip				Zip Coun		try		5. Certificate	of Status Desired		8.75 Ade	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
MARTIN, BEVERLY L. 8963 103RD ST. 8963-103RD ST. JACKSONVILLE, FL 32210						Bryan Blackburn  Street Address (P.O. Box Number is Not Acceptable) 1921 Dewey Place						
			`			City	Jac	Jacksonville FL				le 0.7
the obligat	Signature, typed	or printed name of registrated at FEE IS \$550.06 tember 14, 200	ugent and title	Election Campa     Trust Fund Cont	E: Registerer	d Agent signati	Brya ure required \$5.	an Blacowhen reinstating)  00 May Beed to Fees	ckburn 6	/20/20 DATE	07	
10.	OFFICERS AND D				-	ъ.		/CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADORESS CITY-ST-ZIP	JOHNSOI 8963 1031	N, JAMES H. RD STREET IVILLE, FL		☐ Delete			P,1	D,S,T		•	Сћапде	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8963 103	BEVERLY L. RD STREET IVILLE, FL		Delete		-					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			896	3 <sup>1</sup> 03r	Johnson d Street	22242	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete			Jac	ksonvi.	lle, FL	32210	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
<ol> <li>I hereby of indicated</li> </ol>	certify that the	e information supplied it or supplemental rep	with this f ort is true	filing does not qualify fo and accurate and that r	or the exe my signa	emptions d ture shall h	ontained ave the s	i in Chapter 11 same legal effe	9, Florida Statutes. ct as if made under	I further cert r oath; that I a	ity that the m an office	information r or director

indicated on this report of supplemental report is true and accurate and that mat my signature shall have the same legal effect as if made under call; 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: Any C SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF SIGNATURE

(904) 315-6824