

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 043 ***150.00

DOCUMENT # K63068

1. Entity Name
M.M.R.I., INC.



Principal Place of Business
**% DAVID M. POMERANCE
P O BOX 952518
LAKE MARY, FL 32795-9518**

Mailing Address
**% DAVID M. POMERANCE
P O BOX 952518
LAKE MARY, FL 32795-9518**

40006882



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0100345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCARTHY, TERENCE P.
2400SE FEDERAL HWY.
4TH FLR.
STUART, FL 34996**

**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	D
NAME	POMERANCE, DAVID M.
STREET ADDRESS	1880 SW WILLOWBEND LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	P
NAME	POMERANCE, DAVID M
STREET ADDRESS	1880 SW WILLOWBEND LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	ST
NAME	LERNER, NORMA G.
STREET ADDRESS	2756 DEER BERRY CT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

DAVID M. POMERANCE 1/26/06 772-221-4602

Date

Daytime Phone #