## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K63068

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

LERNER, NORMA G.

LAKE MARY, FL 32795

P.O.BOX 952518

Name:

Address: City-St-Zip: FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % DAVID M. POMERANCE 1880 SW WILLOWBEND LANE PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** % DAVID M. POMERANCE P O BOX 952518 LAKE MARY, FL 327959518 FEI Number: 65-0100345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCARTHY, TERENCE P. 2400SE FEDERAL HWY. 4TH FLR. STUART, FL 34996 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition POMERANCE, DAVID M. Name: Name: 1880 SW WILLOWBEND LANE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: () Change () Addition POMERANCE, DAVID M Name: Name: 1880 SW WILLOWBEND LANE Address: Address: PALM CITY, FL 34990 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

| SIGNATURE: DAVID M. POMERANCE P 04/13/20 | )09 |
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