

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 APR 25 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65780

1. Entity Name
DOUBLE M, INC.



Principal Place of Business
16931 W LA HWY 335
ABBEVILLE, LA 70510 US

Mailing Address
16931 W LA HWY 335
ABBEVILLE, LA 70510 US



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, BRUCE A.
4300 BAYOU BLVD
SUITE 13
PENSACOLA, FL 32503

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/25/05 000054288929
VOID

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MARCEAUX, WAYNE 16931 W LA HWY 335 ABBEVILLE, LA 70510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MARCEAUX, CRYSTAL 16931 W LA HW 335 ABBEVILLE, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

900054288929
05/11/05--01053--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

4/25/05

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 attachment with an address, with all other like empowered.

SIGNATURE:

Crystal Marceau *Sic*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

337-652-7437

Daytime Phone #