


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90224 046 \*\*\*150.00

<b>DOCUMENT # P00000001274</b> 1. Entity Name <b>M &amp; M REJOYCE, INC.</b>					
Principal Place of Business <b>167 S BARFIELD DR GENERAL NUTRITION CENTER MARCO ISLAND, FL 34145</b>				Mailing Address <b>1690 WASHINGTON AVE BOHEMIA, NY 11796</b>	
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>9062 CASCADE WAY</b> Suite, Apt. #, etc. <b>* 202</b> City & State <b>NAPLES FL</b> Zip      Country <b>34114 USA</b>			
4. FEI Number <b>74-2940337</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05092005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MORRIS, WILLIAM G 247 NORTH COLLIER BLVD., STE. 202 MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, MICHAEL G 3920 DEER CROSSING COURT #202 NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, Michael G 9062 CASCADE WAY unit 201 NAPLES, Florida 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, MAUREEN 3920 DEER CROSSING COURT #202 NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, MAUREEN 9062 CASCADE WAY unit 201 NAPLES, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Michael G Joyce</i> <i>Maureen Joyce</i> 5-10-05    239-530-0532 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #</small>					