


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 005 ***150.00

DOCUMENT # P00000001274 1. Entity Name M & M REJOYCE, INC.					
Principal Place of Business 167 S BARFIELD DR GENERAL NUTRITION CENTER MARCO ISLAND, FL 34145			Mailing Address 9062 CASCADA WAY #201 NAPLES, FL 34114 US		
2. Principal Place of Business - No P.O. Box # 9062 Cascada Way			3. Mailing Address		
Suite, Apt. #, etc. #201			Suite, Apt. #, etc.		
City & State Naples FL			City & State		
Zip 34114		Country US		Zip	
Country		4. FEI Number 74-2940337			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, WILLIAM G 247 NORTH COLLIER BLVD., STE.202 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Michael G. Joyce</u> <u>Michael G. Joyce</u> <u>7/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOYCE, MICHAEL G <input type="checkbox"/> Delete 9062 CASCADA WAY UNIT 201 NAPLES, FL 34114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOYCE, MAUREEN <input type="checkbox"/> Delete 9062 CASCADA WAY UNIT 201 NAPLES, FL 34114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Michael G. Joyce</u> <u>Michael G. Joyce</u> <u>7/12/07</u> <u>239 285 6275</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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