


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90039 007 \*\*\*150.00

<b>DOCUMENT # P00000007607</b> 1. Entity Name <b>M&amp;M BIG GREEN TRUCK, INC.</b>			
Principal Place of Business <b>2804 MARK DR. SARASOTA FL 34232</b>		Mailing Address <b>2804 MARK DR. SARASOTA FL 34232</b>	
2. Principal Place of Business <b>400 Deer Hammock Rd.</b>		3. Mailing Address <b>400 Deer Hammock Rd.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34240</b>		Zip <b>34240</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>SIMON, DAVID S ESQ. 1800 2ND. STREET, STE. 700 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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 REIMANN, MARK 2804 MARK DR. SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reimann, Mark 400 Deer Hammock Road Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIMANN, MARIA 2804 MARK DR. SARASOTA FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reimann, Maria 400 Deer Hammock Road Sarasota, FL 34240
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
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> <u>Maria Reimann</u> <u>Maria Reimann</u>		<u>3/25/04</u> <u>(941)685-6556</u> <small>Date Daytime Phone #</small>	

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MOORE CR2E034 (11/03)