## 2006 FOR PROFIT CORPORATION

## **FILED** Jul 17, 2006 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P00000008186 M & M YACHT SERVICES, INCORPORATED Principal Place of Business Mailing Address 62 WOODLAND DR. 62 WOODLAND DR. TEQUESTA, FL 33469 TEQUESTA, FL 33469 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0977614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL DO NOT WRITE 62 WOODLAND DR. TEQUESTA, FL 33469 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 reinstation) DATE \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS PD TITLE NAME MCDERMOTT, MICHAEL STREET ADDRESS 62 WOODLAND DR. CHY-SI-ZIP TEQUESTA, FL 33469 U00000570773 07/18/06-80009-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE

pplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tall repect 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 used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report of the corporation or the changed, or on an atl

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davisne Phone #