

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-11-2007 90074 015 ***150.00

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1. Entity Name
MILITARY BUSINESS MANAGEMENT, INC.



Principal Place of Business
**2335 EVANS RD
CLEARWATER, FL 33763**

Mailing Address
**2335 EVANS RD
CLEARWATER, FL 33763**

66020300



DO NOT WRITE IN THIS SPACE

07032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3639353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER, FL 33763**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	D
NAME	NINGARD, MCCLELLAN
STREET ADDRESS	2587 COUNTRYSIDE BLVD. #301
CITY - ST - ZIP	CLEARWATER, FL 33761
TITLE	D
NAME	ANDERSON, EDITH
STREET ADDRESS	2587 COUNTRYSIDE BLVD. #301
CITY - ST - ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

8/13/07