


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000048794**  
 1. Entity Name  
**M. R. & M. TRANSPORT, INC.**



Principal Place of Business      Mailing Address  
**3283 ROCKY AVENUE**                      **3283 ROCKY AVENUE**  
**SPRING HILL, FL 34609**                      **SPRING HILL, FL 34609**

**DO NOT WRITE IN THIS SPACE**



04142004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-3658503**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**GRECO, MICHAEL F**  
**3283 ROCKY AVENUE**  
**SPRING HILL, FL 34609**

**DO NOT WRITE IN THIS SPACE**

B. 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 re-appointing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

U00000137485  
~~04/29/04-80042-017 150.00~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, MICHAEL F 3283 ROCKY AVENUE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS GRECO, RITA E 3283 ROCKY AVENUE SPRING HILL, FL 34609
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

**SIGNATURE:** *Michael F. Greco*      **Michael F. Greco**      4/20/04      (352)683-8087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #