

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000098430

1. Entity Name

M&M SERVICES OF CHARLOTTE COUNTY, INC.



Principal Place of Business

1074 DECATUR N.W.
PORT CHARLOTTE FL 33952

Mailing Address

1074 DECATUR NW
PORTCHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1057234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEILE, MICHELLE A
1074 DECATUR NW
PORTCHARLOTTE FL 33952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GEILE, T MICHAEL	
STREET ADDRESS	1074 DECATUR NW	
CITY, ST, ZIP	PORTCHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEILE, MICHELLE A	
STREET ADDRESS	1074 DECATUR NW	
CITY, ST, ZIP	PORTCHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000348498	
STREET ADDRESS	05/02/05-80028-008 150.00	
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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.

SIGNATURE: *Michelle A Geile, Michelle A Geile, PRES.* APRIL 28, 2005 941-625-2008.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #