


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000014700 1. Entity Name M.M.M. & A., INC.	
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Principal Place of Business 855 N. ALAFAYA TRAIL ORLANDO, FL 32828	Mailing Address 2598 ELWICK ST. OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3697226	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LADISA, MICHAEL N 2598 ELWICK ST. OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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 reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LADISA, MICHAEL N 2598 ELWICK ST. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LADISA, MICHAEL 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LADISA, ALENA M 2598 ELWICK ST. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LADISA, MARY ANN 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/08/04-80140-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Mike Ladisa

2/28/04

DATE

Daytime Phone # _____