

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90033 022 ***150.00

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1. Entity Name
M & M PAINT, INC.



Principal Place of Business
**113 CASWELL BRANCH RD
FREEPORT, FL 32439**

Mailing Address
**P. O. BOX 906
FREEPORT, FL 32439**

50003878



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3705697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRETT, MARGARET
43 CASWELL BRANCH RD.
FREEPORT, FL 32439**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PDS
GARRETT, MARGARET D
43 CASWELL BRANCH RD.
FREEPORT, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
MOSELY, JAMES
P.O. BOX 906
FREEPORT, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BYR, WILLIAM M II
11 NEWPORT DRIVE
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Margaret D. Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret D. Garrett

1/14/05 *850.685.5973*
Date Daytime Phone #