2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2009
Secretary of State

DOCUMENT# P01000028785

Entity Name: M AND M CONCRETE CUTTING, INC.

Current Principal Place of Business:

2107 TROWBRIDGE ROAD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

2107 TROWBRIDGE ROAD
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-1046499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIANCOLA, ELLEN
2107 TROWBRIDGE ROAD
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIANCOLA, M
Address: 2107 TROWBRIDGE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: D ( ) Delete
Name: GIANCOLA, M
Address: 2107 TROWBRIDGE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: O ( ) Delete
Name: WOOD, ASHLEY
Address: 2107 TROWBRIDGE RD
City-St-Zip: FT PIERCE, FL 34945

Title: O ( ) Delete
Name: BARRETT, ALBERT
Address: 531 62 AVE
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIANCOLA, E
Address: 2107 TROWBRIDGE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: GIANCOLA, E
Address: 2107 TROWBRIDGE RD
City-St-Zip: FT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN GIANCOLA PRES 09/23/2009

Electronic Signature of Signing Officer or Director Date