2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000041672 1. Entity Name

M & M CABINETRY & MILLWORK INC.



Mailing Address

Principal Place of Business 2220 J & C BLVD, #5 NAPLES, FL 34109

2220 J & C BLVD, #5 NAPLES, FL 34109

FILED Apr 02, 2007 08:00 A Secretary of State



3. ·							
	NOT						
		10/631	1 -				JA 7.5 L.
B. 3% 3		VV PS (IIV		• -	74U-F
			-		1111	<i>,</i> ~.	\sim
,					12.1		
63	i.	11.1v 2.17 /				N 112 A 1	4,0
	2010 . 5 13. ca			Se 1.	A effection		1 5 522 Sun 4

CR2E034 (11/05) 02012007 No Chg-P

Applied For 4. FEI Number 65-1124274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Daytime Phone I

6. Name and Address of Current Registered Agent

MUELLER, GREGG 2220 J & C BOULEVARD **NAPLES, FL 34109**

SIGNATURE:

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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			_ ++					
10.	OFFICERS AND DIREC	CTORS						
шп	PVST							
name Street address	MUELLER, GREGG 2220 J & C BOULEVARD							
CITY-ST-ZIP	NAPLES, FL 34109							
TITLE				Haaroncomode				
NAME				U00000687945 204/10/07-80060-006 150.00				
Street Address City-St-Zip			AND THE RESERVE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
MLE		<u> </u>						
NAME								
STREET ADDRESS			The state of the s	NOT WRITE				
CITY-ST-ZIP								
MILE NAME	,		In the second	THIS SPACE				
STREET ADDRESS								
CITY+ST-ZIP								
TITLE			The second section of the section of the second section of the section of t					
name Street address								
CITY-ST-ZIP								
TITLE								
NAME								
SIREFT ADDRESS City-St-Zip	•							
	pertify that the information supplied with this f	ling does not qualify for the ex	remntions contained in Chapter 11	9. Florida Statutes. I further certify that the information				
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.								

ED NAME OF SIGNING OFFICER OF DIRECTOR