

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071368

1. Entity Name
M & M ENTERPRISES OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**99 EGLIN PARKWAY
UNIT 3B NE
FORT WALTON BEACH, FL 32548**

Mailing Address
**99 EGLIN PARKWAY
UNIT 3B NE
FORT WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3739874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTIN, CHARLOTTE C
99 EGLIN PARKWAY
UNIT 3B NE
FORT WALTON BEACH, FL 32548**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000064181
02/24/04-80002-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, ARNOLD G JR.
STREET ADDRESS	99 EGLIN PARKWAY - UNIT 3B NE
CITY - ST - ZIP	FORT WALTON BEACH, FL 32548

TITLE	D
NAME	MARTIN, CHARLOTTE C
STREET ADDRESS	99 EGLIN PARKWAY - UNIT 3B NE
CITY - ST - ZIP	FORT WALTON BEACH, FL 32548

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

Gy Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-04 *Gy Martin*
Date Daytime Phone #