

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000095448**

1. Entity Name

M & M PRODUCTIONS OF S FLA INC



Principal Place of Business

LEE COUNTY JUSTIC CENTER  
1700 MONROE STREET  
FORT MYERS, FL 33901

Mailing Address

2828 JACKSON STREET  
VILLA CAPRI M-3  
FORT MYERS, FL 33901



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1141295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PIERCE, MICHAEL E  
2828 JACKSON STREET  
VILLA CAPRI M-3  
FORT MYERS, FL 33901

**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 true 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**

000000141468  
04/30/04-80012-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PIERCE, MICHAEL E  
STREET ADDRESS 2828 JACKSON ST VILLA CAPRI M-3  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE VD  
NAME LESTER, MARILYN C  
STREET ADDRESS 2828 JACKSON ST VILLA CAPRI M-3  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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:

*Marilyn C. Lester* (MARILYN C. LESTER)

Date

4/28/04 239 332-1765

Daytime Phone #