## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01600095448**

1. Entity Name

M & M PRODUCTIONS OF S FLA INC



FILED Sep 06, 2006 08:00 AN Secretary of State

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



DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1141295 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

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

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ar	ent signature	e required when reinstating)	DATE	
FIL	E NOWIN FEE IS \$150.00	9. Election Campaign Financin	··········	\$5.00 May Be		
	ny 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees		
10.	OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	U00000576200 09/06/06-80001-003 558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, MICHAEL E 2828 JACKSON ST VILLA CAPRI M-3 FORT MYERS, FL 33901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESTER, MARILYN C 2828 JACKSON ST VILLA CAPRI M-3 FORT MYERS, FL 33901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

2. 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.

CICALATIDE.

STREET ADDRESS CITY-ST-ZIP

Harrison P. P. Com

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