

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111877

Entity Name: MMI DEVELOPMENT, INC.

FILED  
Apr 11, 2004  
Secretary of State

**Current Principal Place of Business:**

1600 PINE BLUFF AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

975 BENNETT DRIVE  
205  
ORLANDO, FL 32814

**Current Mailing Address:**

1600 PINE BLUFF AVE  
ORLANDO, FL 32806

**New Mailing Address:**

975 BENNETT DRIVE  
205  
ORLANDO, FL 32814

FEI Number: 58-2663769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, MICHAEL E  
1600 PINE BLUFF AVE  
ORLANDO, FL 32806

**Name and Address of New Registered Agent:**

WRIGHT, MICHAEL E  
975 BENNETT DRIVE  
205  
ORLANDO, FL 32814

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: MICHAEL E. WRIGHT

04/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WRIGHT, MICHAEL E  
Address: 1600 PINE BLUFF AVE  
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Delete  
Name: WRIGHT, MARIANNE K  
Address: 1600 PINE BLUFF AVE  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WRIGHT, MICHAEL E  
Address: 975 BENNETT DRIVE, 205  
City-St-Zip: ORLANDO, FL 32814

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E. WRIGHT

D

04/11/2004

Electronic Signature of Signing Officer or Director

Date