


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000118135</b> 1. Entity Name M.M. & A.M., INC.	
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Principal Place of Business 7600 DR. PHILLIPS BLVD SUITE 156 ORLANDO, FL 32819	Mailing Address 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0550889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LADISA, MICHAEL 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LADISA, MICHAEL 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LADISA, MICHAEL N 2598 ELWICK ST. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LADISA, ALENA M 2598 ELWICK ST. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LADISA, MARY ANN 12148 REBECCA'S RUN DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/08/04-80139-013 150.00

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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: <u>Mike Ladisa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/29/04</u> <small>Daytime Phone #</small>
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