## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P02000007279 04-30-2004 90394 021 \*\*\*150.00 M & M MOBILE HOME & R.V. SUPPLIES INC. Principal Place of Business Mailing Address zzu41230 1526A U.S. 41 SOUTH 1526A U.S. 41 SOUTH RUSKIN, FL 33570 RUSKIN, FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 60-0000919 Not Applicable Zip ---Country Zip +Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADGETT, MARVIN Street Address (P.O. Box Number is Not Acceptable) 225 COLLÉGE AVE. WEST **RUSKIN, FL 33570** 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent rada Janu. SIGNATURE. (NOTE: Registered Agent signature require Signature, typed or printed name of registered agent and title if applicable. \*\*\*FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. מ TITLE Delete TITLE ☑ Change ☐ Addition PADGETT, MARVIN NAME NAME 225 COLLEGE AVE. WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN, FL 33570 CITY-ST-ZIP Delete PADGETT, MARILYN NAME NAME STREET ADDRESS 225 COLLEGE AVE. WEST STREET ADDRESS CITY-ST-ZIP RUSKIN, FL 33570 CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 1.000 3.00 CITY-ST-ZIPA+ CITY-ST-ZIP Delete.... JITLE ..... TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.