2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000023565

I. Entity Name

MRM ENTERPRISES OF NAPLES, INC.



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

573 GORDONIA RD NAPLES, FL 34108 Mailing Address

573 GORDONIA RD NAPLES, FL 34108



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 30-0052610

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHALFIN, MELISSA 573 GORDONIA RD NAPLES, FL 34108

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
ograma, year or prima retries a egrama egent and time in application (tvo it.; nograme in Agent) signature (signature seguine).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE	Р				
NAME	CHALFIN, MELISSA				
STREET ADDRESS	573 GORDONIA RD				
CITY-ST-ZIP	NAPLES, FL 34108				
TITLE					U00000635172 02/23/07-80003-023 150.00
NAME					02/23/07-80003-023 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

melia Chalfen

2/7/07 (239)989-5299-04

Daytime Phone ≢