## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000049868

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Nan	ne: M&MCOC	DP CONSTRUCTION CO., INC				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1022 HARN PANAMA C	MON AVE. CITY, FL 32401	US		ESOTA AVENU EN, FL 32444	E US	
Current Mailing Address:			New Mailii	New Mailing Address:		
1022 HARN PANAMA C	MON AVE. CITY, FL 32401	US		ESOTA AVE. EN, FL 32444	US	
FEI Number:	81-0551166	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	GLENN /E TERRACE D CITY, FL 32401	R US				
The above in the State		bmits this statement for the pur	pose of changing it	s registered offi	ce or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent		Date		
Election Carr	npaign Financing 1	rust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () D COOPER, GLENN 1022 HARMEN AV PANAMA CITY, FI	  E	Title: Name: Address: City-St-Zip:	P (X) C COOPER, GLENN 1401 MINNESOTA LYNN HAVEN, FL	AVENUE	
Title: Name: Address: City-St-Zip:	V () D COOPER, MARTY 1022 HARMEN AV PANAMA CITY, FI	, /E	Title: Name: Address: City-St-Zip:	V (X) C COOPER, MARTY 1401 MINNESOTA LYNN HAVEN, FL	AVE	
Title: Name: Address: City-St-Zip:	S () D RAY, GLENDA 1022 HARMEN AV PANAMA CITY, FI	/E	Title: Name: Address: City-St-Zip:	S (X) C RAY, GLENDA 1401 MINNESOTA LYNN HAVEN, FL		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GLENN COOPER PRES 04/28/2006

(X) Delete

PANAMA CITY, FL 32401 US

COOPER, MARTY

1022 HARMEN AVE

() Change () Addition