

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000052171**

1. Entity Name

**M & M FABRICATIONS, INCORPORATED**



Principal Place of Business

**3910 WEST COMANCHE AVENUE  
 TAMPA FL 33614-5620**

Mailing Address

**3910 WEST COMANCHE AVENUE  
 TAMPA FL 33614-5620**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**04-3663749**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, MICHAEL D  
 3910 WEST COMANCHE AVENUE  
 TAMPA FL 33614-5620**

Name

Street Address (P O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
 NAME: GRENIER, MARK J  Delete  
 STREET ADDRESS: 4527 W CLIFTON STREET  
 CITY- ST- ZIP: TAMPA FL 33614-5425

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: 000000329958  
 CITY- ST- ZIP: 04/25/05-80140-015 150.00

TITLE: VD  
 NAME: BISHOP, MICHAEL D  Delete  
 STREET ADDRESS: 3910 WEST COMANCHE AVENUE  
 CITY- ST- ZIP: TAMPA FL 33614-5620

TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY- ST- ZIP:  Change  Addition

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 CITY- ST- ZIP:  Change  Addition

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:

*Mark Grenier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

813 323 3102  
 Date Daytime Phone #