


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 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**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3863749**

Applied for  
 Not Applicable

3. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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: *M Bishop* *Michael Bishop* *04-16-06*

Signature, typed or printed name of registered agent and FEI if applicable (NOTE: Registered Agent signature requires watch notations) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>GRENIER, MARK J<br>4527 W CLIFTON STREET<br>TAMPA, FL 336145425       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BISHOP, MICHAEL D<br>3910 WEST COMANCHE AVENUE<br>TAMPA, FL 336145620 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

100000519303  
 05/02/06-80048-025-50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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 of 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Grenier* *Mark Grenier* *04-16-06 813-323 3462*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #