## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000067765\_

1. Entity Name

Principal Place of Business

TALLAHASSEE, FL 32308

**SUITE 108** 

1809 MICCOSUKEE COMMONS BLVD

M & M WRECKER AND AUTO, INC.

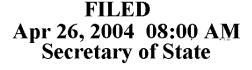


Mailing Address

1809 MICCOSUKEE COMMONS BLVD

SUITE 108

TALLAHASSEE, FL 32308





DO	TON	WRITE	IN THIS	<b>SPACE</b>
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8. Name and Address of Current Registered Agent

03232004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 02-0623794 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GLOVER, RICHARD A DO NOT WRITE 1809 MICCOSUKEE COMMONS BLVD SUITE 108 IN THIS SPACE

TALLAHASSEE, FL 32308			IN THIS OF AGE					
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 rollinstating) DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			° 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS _						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, REXINE M PO BOX 24 N/A MALONE, FL 32445				U00000128448 04/26/04-80038-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, JOHN F PO BOX 24 N/A MALONE, FL 32445				<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling does not quality 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:	1) Lais		Rexine M. Taul	or 4-22	٥٠(
3/	MATURE AND TYPED OR PRINTED N	ME OF SIGNING OFFICER OR DIRE	CTOR .	Date	Daytime Phone #