## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000072098

Entity Name: MDMP. INC.

Name:

Title:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

DELANEY, WILLIAM M

508 44TH AVE LOT E M42

() Delete

BRADENTON, FL 34203

PELLETIER, MARY E

508 44TH AVE LOT M42

BRADENTON, FL 34203

FILED Apr 18, 2009 Secretary of State

		•0.						
Current Principal Place of Business:				New Princi	New Principal Place of Business:			
508 44 AVE E, LOT M-42 BRADENTON, FL 34203					7362 CORTEZ RD WEST BRADENTON, FL 34210			
Current Mailing Address:				New Mailir	New Mailing Address:			
508 44 AVE E, LOT M-42 BRADENTON, FL 34203				7362 CORTEZ RD WEST BRADENTON, FL 34210				
FEI Number:	04-3693826	FEI Number Ap	olied For ( ) F	El Number Not Appli	cable ( )	Certificate of Statu	s Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
7362 COR BRADENT The above	of Florida.		ement for the purp	ose of changing it	s registered	office or registered	agent, or both,	
Electronic Signature of Registered Agent					Date			
Election Car	npaign Financing	g Trust Fund Cont	ribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P ( ) DELANEY, WIL 508 44TH AVE BRADENTON, F	E LOT M 42		Title: Name: Address: City-St-Zip:	P ( DELANEY, W 5011 99 TH A PARRISH, FL	VE EAST		
Title: Name: Address: City-St-Zip:	V () PELLETIER, M 508 44TH AVE BRADENTON, F	E LOT M 42		Title: Name: Address: City-St-Zip:	V ( PELLETIER, 5011 99 TH A PARRISH, FL	NVE EAST		
Title <sup>.</sup>	s ()	) Delete		Title <sup>.</sup>	s (	(X) Change ( ) Addition		

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

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DELANEY, WILLIAM M 5011 99 TH AVE EAST

PARRISH, FL 34219

PELLETIER, MARY E

5011 99 TH AVE EAST

PARRISH, FL 34219

(X) Change ( ) Addition

SIGNATURE: MARY E PELLETIER V 04/18/2009