

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087282

1. Entity Name
M&M'S CONSTRUCTION, INC.



Principal Place of Business
2936 YACOLT AVE
NORTH PORT, FL 34286 US

Mailing Address
2936 YACOLT AVE
NORTH PORT, FL 34286 US



08232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1423735

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIO, MIGUEL A
2936 YACOLT AVE
NORTH PORT, FL 34286

**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 X M D RUBIO MIGUEL A. RUBIO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUBIO, MIGUEL A
STREET ADDRESS 2936 YACOLT AVE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE V
NAME RUBIO, MIGUEL A
STREET ADDRESS 2936 YACOLT AVE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE ST
NAME RUBIO, MIRIAM
STREET ADDRESS 2936 YACOLT AVE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/08/04-80007-017 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X M D RUBIO MIGUEL A. RUBIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

Date

941-809-6111

Daytime Phone #