2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # P02000091275 1. Entity Name CMM & ASSOCIATES, INC.					03-09-2006 9	90150 016 ***150	0.00	
Principal Plac	re of Business Ret/ctions Parku FL 34233 US Place of Business #, etc.	Mailing Address WY 4145 Refle	edions R	rkuczy	400263	ρ.Ţ		
SARASOTA, I	FL 34233 US	Sarasota	FL342	33 /) Iana nan aan aan aan aa			
2. Principal Place of Business		3. Mailing Address 4146 Roflections Parkin		cku ov				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172006	Chg-P	CR2E034 (11/05)		
City & State		City & State Sarasota, FL		4. FEI Number 27-0026			oplied For	
Zip	Country	^{Zip} 34233	Country	5. Certificate of	of Status Desired	S8.75 Add Fee Require	ditional	
	6. Name and Address of Currer		7. Name and Address of New Registered Agent					
DOERR, KENNETH			Name (Lase VII. McCormick				
240 S PINEAPPLE AVENUE 10TH FL			Street Ad	Street Address (P.O. Box Number is Not Acceptable) 4145 Betlections Forkway				
SARASOTA, FL 34236			- 7/7	7387760	TONS T	arkivay		
		City 5	City Sarasota FL Zig Code 34273					
	e named entity submits this statement	for the purpose of changing its			n, in the State of Flo	orida. Lam familiar with,	and accept	
the obliga	tions of registered approx	\mathcal{D}				7/1/-		
SIGNATURE.	Signature, typed or printed name of registered age	President	: Registered Agent signature			5/1/06		
	algrance, typed or printed name or registered age	rivano nile ir applicable. (NO1E	: Hegistereo Agent signaturi	e required when reinstating)		/ DATE		
Fil, After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai Trust Fund Contr	• -	\$5.00 May Be Added to Fees				
.10. OFFICERS AND DIRECTORS			11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	DPST	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NAME Street Address					
CITY-ST-ZIP SARASOTA, FL 34233		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			onengo	adinon	
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

NATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Casey M. McCormick, Director

Паје

Change

☐ Addition