

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P02000105255 1. Entity Name MMB, INC.	
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Principal Place of Business 262 JEAN ST. PALM HARBOR, FL 34683	Mailing Address 262 JEAN ST. PALM HARBOR, FL 34683
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05) -

4. FEI Number 33-1027985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUELLER, PETER
 262 JEAN ST.
 PALM HARBOR, FL 34683

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000635889
 04/17/07-80078-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, PETER 262 JEAN STREET PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERIDETH, IRENE 5935 BRANDON LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOND, EVA 1006 TOMPKINS DRIVE PORT ORANGE, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  **Peter W. Mueller** 4/2/07 727-560-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #