

# 2006 ANNUAL REPORT (AR)

DOCUMENT # P03000022604

1. Entity Name

M&M UPHOLSTERY, INC.



**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
115 NORTHWEST 6TH STREET  
GAINESVILLE FL 32601

Mailing Address  
115 NORTHWEST 6TH STREET  
GAINESVILLE FL 32601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number  
52-2320278

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MYERS, DAVID ☐ Delete  
STREET ADDRESS 115 NORTHWEST 6TH STREET  
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 000000452315  
CITY- ST- ZIP 03/11/06-80021-024 150.00

TITLE V  
NAME MCNISH, RALPH ☐ Delete  
STREET ADDRESS 115 NORTHWEST 6TH STREET  
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD  
NAME WILLIAMS, BETTY ☐ Delete  
STREET ADDRESS 115 NORTHWEST 6TH STREET  
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD  
NAME MCNISH, DOROTHY ☐ Delete  
STREET ADDRESS 115 NORTHWEST 6TH STREET  
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

*[Handwritten Signature]* 2/22/06