

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90029 021 ***155.00

DOCUMENT # P03000022604

1. Entity Name

M&M UPHOLSTERY, INC.



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 - No P.O. Box #

115 NW 6th Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

Gainesville

City & State

FL

4. FE# Number

52-2320278

Applied For

Not Applicable

Zip

32601

Country

Alachua

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

David Myers

David Myers

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

4/29/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MYERS, DAVID | |
| STREET ADDRESS | 115 NORTHWEST 6TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32601 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCNISH, RALPH | |
| STREET ADDRESS | 115 NORTHWEST 6TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32601 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, BETTY | |
| STREET ADDRESS | 115 NORTHWEST 6TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32601 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCNISH, DOROTHY | |
| STREET ADDRESS | 115 NORTHWEST 6TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32601 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

David Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

352-376-5728

Day Telephone