

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 042 \*\*\*150.00

**DOCUMENT # P03000056193**

1. Entity Name

2M'S & 3D, INC.



Principal Place of Business

7824 C LEXINGTON BLVD  
DELRAY BCH FL 33446

Mailing Address

7824 C LEXINGTON BLVD  
DELRAY BCH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

55-0832233

Applied For

Not Applicable

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

*misspelled*  
**SOMON, MARILYNN**  
7824 C LEXINGTON BLVD  
DELRAY BCH FL 33446

Name

**MARILYNN SIMON**

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

**7824 C LEXINGTON CLUB BLVD**

City

**DELRAY BCH**

FL

Zip Code

**33446**

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 reinstating)

DATE

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

**After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	SIMON, MARILYNN	
STREET ADDRESS	7824 C LEXINGTON BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, MORRIE	
STREET ADDRESS	7824 C LEXINGTON BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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 exemption stated in Section 119.07(3)(i), 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:

*Marilynn Simon*

**MARILYNN SIMON 28 MAR 05 (561) 498-8186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #