

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SIMON, MARILYNN
7824 C LEXINGTON BLVD
DELRAY BCH, FL 33446

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SIMON, MARILYNN
STREET ADDRESS 7824 C LEXINGTON BLVD
CITY-ST-ZIP DELRAY BCH, FL 33446

TITLE D
NAME WINKLER, MORRIE
STREET ADDRESS 7824 C LEXINGTON BLVD
CITY-ST-ZIP DELRAY BCH, FL 33446

TITLE
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STREET ADDRESS
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03/16/07-80004-009 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Mar 07 (361) 498-8786
Date Daytime Phone #