

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90022 029 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                     |                                                              |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000083164</b><br>1. Entity Name<br><b>M &amp; M CONTRACTING CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                     |                                                              |                                                                                                                                                      |  |
| Principal Place of Business<br><b>1712 2ND STREET SE<br/>RUSKIN, FL 33570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                     | Mailing Address<br><b>P.O. BOX 1234<br/>RUSKIN, FL 33570</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                    |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                     | City & State                                                 |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                             | Zip                                                                                                                 | Country                                                      | 4. FEI Number<br><b>20-0069969</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                     |                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>MONTANZ, VIRGINIA<br/>1712 2ND STREET SE<br/>RUSKIN, FL 33570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                     |                                                              |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                              | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PSTD<br>MONTANZ, VIRGINIA<br>1712 2ND STREET SE<br>RUSKIN, FL 33570 | <input type="checkbox"/> Delete                                                                                     |                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                              |                                                                                                                                                                                                                                       |  |
| 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: <u>Virginia Montanz</u> <span style="float: right;">7-19-04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                     |                                                              |                                                                                                                                                                                                                                       |  |

**66431252**



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