FILED 2005 FOR PROFIT CORPORATION Apr 20, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000083164 1. Entity Name M & M CONTRACTING CORPORATION Mailing Address Principal Place of Business 1712 2ND STREET SE P.O. BOX 1234 RUSKIN, FL 33570 RUSKIN, FL 33570 No Chg-P CR2E034 (10/03) 04062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0069969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MONTANZ, VIRGINIA 1712 2ND STREET SE RUSKIN, FL 33570 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIFFECTORS MONTANZ, VIRGINIA 1712 2ND STREET SE **RUSKIN, FL 33570**

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP LL000000317830 TITLE 04/20/05-80034-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 507, 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:

HIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11805 181-3720 Date Devicing Proces #