

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-12-2004 90021 020 ***150.00

DOCUMENT # P03000084770 1. Entity Name M & M APPRAISERS, CORP.					
Principal Place of Business 10279 CLUBHOUSE TURN ROAD LAKE WORTH, FL 33467			Mailing Address 10279 CLUBHOUSE TURN ROAD LAKE WORTH, FL 33467		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03032004 Chg-P CR2E034 (10/03)	
4. FEI Number 86-1076955				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABORDE, JESUS M. 10279 CLUBHOUSE TURN ROAD LAKE WORTH, FL 33467			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: DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PD		TITLE	☐ Change ☐ Addition	
NAME	LABORDE, JESUS M		NAME	☐ Change ☐ Addition	
STREET ADDRESS	10279 CLUBHOUSE TURN ROAD		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	VST		TITLE	☐ Change ☐ Addition	
NAME	LABORDE, MONICA		NAME	☐ Change ☐ Addition	
STREET ADDRESS	10279 CLUBHOUSE TURN ROAD		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ 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:			Date: 03-06-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					