08-18-2004 90006 047 ***150.00
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 AUG 30 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44052154

DOCUMENT # P03000093480

1. Entity Name
MMS ENTERPRISES, INC. OF CRAWFORDVILLE

Principal Place of Business	Mailing Address
2690 COASTAL HWY CRAWFORDVILLE, FL 32327	2690 COASTAL HWY CRAWFORDVILLE, FL 32327

08102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
71 Pigott Wood lane.	71 Pigott Wood lane.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville Fl	City & State: Crawfordville Fl
Zip: 32327 Country:	Zip: 32327 Country:

4. FEI Number: 20-0410244 ☐ 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
CRUM, JOHNNY 2690 COASTAL HWY CRAWFORDVILLE, FL 32327	Name: Street Address (P.O. Box Number is Not Acceptable): 71 Pigott Wood lane City: Crawfordville FL Zip Code: 32327

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 8/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUM, JOHNNY 2690 COASTAL HWY CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 71 Pigott Wood lane Crawfordville Fl 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, SCOTT 54 CLINTON LANE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, DANIEL 46 TERRY LANE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Carter Danny 71 Pigott Wood lane Crawfordville, Fl 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: _____ 8/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #