



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90339 013 \*\*\*150.00

<b>DOCUMENT # P03000109746</b>					
1. Entity Name <b>MMBL, INC.</b>					
Principal Place of Business <b>1089-6 ATLANTIC BLVD ATLANTIC BCH, FL 32233</b>			Mailing Address <b>1089-6 ATLANTIC BLVD ATLANTIC BCH, FL 32233</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FILTHAUT, BLAINE 1089-6 ATLANTIC BLVD ATLANTIC BCH, FL 32233</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILTHAUT, BLAINE		NAME		
STREET ADDRESS	342 9TH ST		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OMLOR, LEO		NAME		
STREET ADDRESS	7826 PAINTED OAK DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SITZ, MIKE		NAME		
STREET ADDRESS	123 6TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MITCHELL		NAME		
STREET ADDRESS	112 SURSIDE AVE		STREET ADDRESS		
CITY-ST-ZIP	VILANO BCH, FL 32084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 of 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 in attachment with an address, with all other like empowered.					
SIGNATURE: 			Blaine H. Filthaut		904-242-3002
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

66423649



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4. FEI Number **20-0265681** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FL**