

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140935

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: M&M ALL AROUND SERVICES INC.

## Current Principal Place of Business:

407 WEST PARK STREET  
LAKELAND, FL 33803

## New Principal Place of Business:

8903 HAMMOCK LOOP  
POLK CITY, FL 33868

## Current Mailing Address:

407 WEST PARK STREET  
LAKELAND, FL 33803

## New Mailing Address:

8903 HAMMOCK LOOP  
POLK CITY, FL 33868

FEI Number: 73-1683692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRINE, LAUREN NICOL  
407 WEST PARK STREET  
LAKELAND, FL 33803

## Name and Address of New Registered Agent:

PRINE, LAUREN NICOL  
8903 HAMMOCK LOOP  
POLK CITY, FL 33868

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.

SIGNATURE: LAUREN NICOL PRINE

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLER, MICHAEL RAY  
Address: 407 WEST PARK STREET  
City-St-Zip: LAKELAND, FL 33803

Title: SD ( ) Delete  
Name: PRINE, LAUREN NICOL  
Address: 407 WEST PARK STREET  
City-St-Zip: LAKELAND, FL 33803

Title: TD ( ) Delete  
Name: MILLER, BRETT ALLEN  
Address: 937 FOX LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLER, MICHAEL RAY  
Address: 8903 HAMMOCK LOOP  
City-St-Zip: POLK CITY, FL 33868

Title: SD (X) Change ( ) Addition  
Name: PRINE, LAUREN NICOL  
Address: 8903 HAMMOCK LOOP  
City-St-Zip: POLK CITY, FL 33868

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN NICOL PRINE

SD

09/08/2004

Electronic Signature of Signing Officer or Director

Date