

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 025 ***150.00

DOCUMENT # P03000149118 1. Entity Name M & M CUSTOM TRIM, INC.					
Principal Place of Business 2814 NORTH HIGHWAY 81 PONCE DE LEON, FL 32455			Mailing Address 2814 NORTH HIGHWAY 81 PONCE DE LEON, FL 32455		
2. Principal Place of Business 1152 Atford Rd.		3. Mailing Address 1152 Atford Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ponce de Leon, FL		City & State Ponce de Leon, FL			
Zip 32455		Country U.S.		Zip 32455	
Country U.S.		Country US			
4. FEI Number 33-1077722			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MERCHANT, TIMOTHY 2814 NORTH HIGHWAY 81 PONCE DE LEON, FL 32455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1152 Atford Rd. Ponce de Leon FL 32455		
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: <i>Timothy Merchant</i> Timothy Merchant 1-13-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCHANT, TIMOTHY 2814 NORTH HIGHWAY 81 PONCE DE LEON, FL 32455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Timothy Merchant 1152 Atford Rd. PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, EDDY 1154 RAILROAD AVE. DEFUNIAK SPRINGS, FL 32433		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Timothy Merchant</i> Timothy Merchant			1-13-06 850-573-1788 <small>Date Daytime Phone #</small>		