

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90276 050 ***150.00

DOCUMENT # P03000150845 1. Entity Name M&M PROCESSING, INC.																																																		
Principal Place of Business 8831 49TH STREET NORTH SUITE 1 PINELLAS PARK, FL 33782			Mailing Address 8831 49TH STREET NORTH SUITE 1 PINELLAS PARK, FL 33782																																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66426792 																																														
4. FEI Number 56-2461638				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 MELIN, CHARLES E JR. 8831 49TH STREET NORTH SUITE 1 PINELLAS PARK, FL 33782			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 4/28/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																		
FILE NOW!!! FEES \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing - <input type="checkbox"/> \$5.00 May Be Added to Fees																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>P MELIN, CHARLES E JR</td> <td>8831 49TH STREET NORTH</td> <td>PINELLAS PARK, FL 33782</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		P MELIN, CHARLES E JR	8831 49TH STREET NORTH	PINELLAS PARK, FL 33782		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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 4/28/04 Daytime Phone #																																															

Charles E Melin Jr.