2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 07, 2004 8:00 am Secretary of State 04-30-2004 90276 050 ***150.00

DOCUMENT # P0300	0150845		22	04-30-2004	1 902/6 050 ****	*150.00
1. Entity Name M&M PROCESSING, INC.						
1	•					
1				66426792		
Principal Place of Business Mailing Address 8831 49TH STREET NORTH 8831 49TH STR		NORTH				
SUITE 1	SUITE 1	SUITE 1				•
PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33		33782 				
2. Principal Place of Business	3. Mailing Address				20 AU BUILDA (142):	Nato II 1881
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)	· · ·
City & State		City & State		<u> </u>	Nc	oplied For of Applicable
Zip ! Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ack	
6. Name and Address of	Current Registered Agent		7. Name and	d Address of New Rec		
MELINI CHARLES E IR	en i i i i i i i i i i i i i i i i i i i	Name	٠ عدي.			
MELIN, CHARLES E JR. 8831 49TH STREET NORTH SUITE 1	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
PINELLAS PARK, FL 33782		_		يرز يايمودر م]	
* *		City			FL Zip Cod	le
The above named entity submits this star the obligations of registered agent.	ement for the purpose of changing i	its registered office or re	gistered agent, or bo	oth, in the State of Florid	da. I am familiar with.	and accept
	Jely			4-1-	28/04	l
SIGNATURE Signature, typed or diffuser frame of region	stered agent and title if opticable. (NC	OTE: Registered Agent signature	required when rainstating)		DATE	
				T		
FILE NOW!!! FEE'IS \$150 After May 1, 2004 Fee will be	11UU '	palgri Financing Intribution.	\$5.00 May Be Added to Fees	·		
-10. Py Ty OFFICE	ERS AND DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 11
TITLE P MELIN, CHARLES E JR	☐ Dalete	TITLE NAME			☐ Change	Addition
STREET ADDRESS B831 49TH STREET NO	RTH	STREET ADDRESS		•		{
CITY-ST-ZIP PINELLAS PARK, FL 33		, CITY-ST-ZIP				
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STREET ADDRESS		STREET ADDRESS		•	:	i
CITY-ST-ZIP	, ,	CITY-ST-ZIP			·	
I hereby certify that the information sup- indicated on this report or supplements of the corporation or the receiver or true changed, or on an attachment with an	al report is true and accurate and that stee empowered to execute this repo	at my signature shall hav ort as required by Chapt	e the same legal effe	ect as if made under oa tes; and that my name	ith; that I am an office appears in Block 10 c	r or director ·
SIGNATURE:	TYPED OR PRINTED HAME OF SIGNING OFFICE	EN ORYDINACTOR		4128/01	Oxysima Phone #	
	The second secon					1

Charles & Helin Jr.