



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90005 031 \*\*\*150.00

<b>DOCUMENT # P04000017137</b> 1. Entity Name <b>MLM INSTALLATIONS INC</b>					
Principal Place of Business <b>2831 INDIANA STREET WEST MELBOURNE, FL 32904</b>			Mailing Address <b>2831 INDIANA STREET WEST MELBOURNE, FL 32904</b>		
2. Principal Place of Business <b>12886 87th Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12886 87th Rd.</b> Suite, Apt. #, etc.			
City & State <b>LIVE OAK FL.</b>		City & State <b>LIVE OAK FL.</b>		4. FEI Number <b>20-0722152</b>	
Zip <b>32060</b>		Country <b>SUWANNEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARK W BOWMAN, CPA, PA 700 N WICKHAM ROAD SUITE 103 MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MCCELWEE, MICHAEL</b> <b>2831 INDIANA STREET</b> <b>WEST MELBOURNE, FL 32904</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Michael L. McElwee</b> <b>12886 87th Rd.</b> <b>LIVE OAK FL 32060</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
<b>SIGNATURE: M. McElwee</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/8/05 (386) 688 4384</b> <small>Date Daytime Phone #</small>		

**50061120**