


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90077 035 \*\*\*150.00

<b>DOCUMENT # P04000036593</b>			
1. Entity Name <b>M &amp; M INVESTMENT &amp; REALTY, INC.</b>			
Principal Place of Business <b>3818 HARROGATE DRIVE VALRICO, FL 33594</b>		Mailing Address <b>3818 HARROGATE DRIVE VALRICO, FL 33594</b>	
2. Principal Place of Business <b>221 Pauls Dr.</b>		3. Mailing Address <b>221 Pauls Dr.</b>	
Suite, Apt. #, etc. <b>Suite C</b>		Suite, Apt. #, etc. <b>Suite C</b>	
City & State <b>Brandon, FL</b>		City & State <b>Brandon, FL</b>	
Zip <b>33611</b>	Country <b>USA</b>	Zip <b>33611</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>McFARLAND, BARBARA L 3818 HARROGATE DRIVE VALRICO, FL 33594</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 <i>Barbara L. McFarland</i> <b>Barbara L. McFarland, Pres.</b> <b>7/11/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 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,S McFARLAND, BARBARA L 3818 HARROGATE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Barbara L. McFarland</i> <b>Barbara L. McFarland, Pres</b> <b>7/11/05</b> <b>813.571.7717</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

20063626



07112005 Chg-P CR2E034 (10/03)

4. FEI Number **51.0499370** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required