

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90030 035 ***158.75

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000096037

1. Entity Name
M&M ALL PURPOSE, INC



Principal Place of Business
**1851 OAK GROVE AVE.
DELTONA, FL 32725 US**

Mailing Address
**1851 OAK GROVE AVE.
DELTONA, FL 32725 US**

2. Principal Place of Business
1851 OAK GROVE AVE.

3. Mailing Address
1851 OAK GROVE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deltona FL

City & State
Deltona FL

4. FEL Number
571207469

Applied For
Not Applicable

Zip
32725

Country
USA

Zip
32725

Country
USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**JONES, MICHELLE R
1851 OAK GROVE AVE.
DELTONA, FL 32725**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/4/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
JONES, MICHELLE R
1851 OAK GROVE AVE.
DELTONA, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JONES, RALPHMICHAEL M
1851 OAK GROVE AVE.
DELTONA, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JONES, RALPH M. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 321-228-3043

Date

Daytime Phone #