


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116422	
1. Entity Name M & M DEVELOPMENT OF FLAGLER COUNTY, INC.	

Principal Place of Business 3481 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136 US	Mailing Address 3481 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1516310	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANGELLO, MARK 3481 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2006 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	P LANGELLO, MARK 3481 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAIN, MARK A P.O. BOX 1923 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/06-80027-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Langello MARK LANGELLO 12-30-05 (386) 445-5132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #