

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90242 022 ***150.00

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**

60000505



2. Principal Place of Business - No P.O. Box #
2323 NORTH STATE STREET

3. Mailing Address
2323 NORTH STATE STREET

Suite, Apt. #, etc.
UNIT #104

Suite, Apt. #, etc.
UNIT #104

City & State
BUNNELL FL

City & State
BUNNELL FL

Zip
32110

Country
FLAGLER

Zip
32170

Country
FLAGLER

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1516310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGELLO, MARK
3481 N. OCEAN SHORE BLVD.
FLAGLER BEACH, FL 32136**

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 Mark Langello, MARK LANGELLO, PRESIDENT

1-4-06

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LANGELLO, MARK**
STREET ADDRESS **3481 N. OCEAN SHORE BLVD.**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **VP** ☐ Delete
NAME **MAIN, MARK A**
STREET ADDRESS **P.O. BOX 1923**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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, PRESIDENT 1-4-06 (306) 437-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #