

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130335

FILED
Apr 11, 2007
Secretary of State

Entity Name: M & M ENTERPRISES OF LAKE COUNTY, INC.

Current Principal Place of Business:

10701 SUMITT SQUARE DR
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 341
FRUITLAND PARK, FL 34731 US

New Mailing Address:

FEI Number: 20-1633976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McFARLAND, DARRELL
10701 SUMITT SQUARE DR
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCFARLAND, DARRELL
Address: 10701 SUMITT SQUARE DR
City-St-Zip: LEESBURG, FL 34788 US

Title: VP () Delete
Name: MCFARLAND, B. JOAN
Address: 10701 SUMITT SQUARE DR
City-St-Zip: LEESBURG, FL 34788 FL

Title: VP () Delete
Name: VAUGHN, CLAYTON
Address: 12832 HELEN DR
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: ST () Delete
Name: VAUGHN, SARA M
Address: 12832 HELEN DR
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL MCFARLAND

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date