
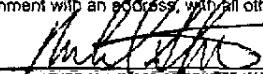


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000141935</b> <small>1. Entity Name</small> SRM ENTERPRISES, INC.		
<small>Principal Place of Business</small> 1540 CENTER AVE. HOLLY HILL, FL 32117 US	<small>Mailing Address</small> 1540 CENTER AVE. HOLLY HILL, FL 32117 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
<small>6. Name and Address of Current Registered Agent</small>  STONE, MICHAEL R 1540 CENTER AVE, HOLLY HILL, FL 32117		<b>DO NOT WRITE IN THIS SPACE</b>
<small>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.</small>		
<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;"><small>DATE</small></span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		000000547571 05/12/06-80019-012 150.00
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P STONE, MICHAEL R 1540 CENTER AVE. HOLLY HILL, FL 32117	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP STONE, DIANA L 1540 CENTER AVE HOLLY HILL, FL 32117	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>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.</small>		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/27/06</b> <span style="float: right;"><b>386-547-17</b></span> <small>Date Daytime Phone</small>



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1939482** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**