


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90026 032 \*\*\*158.75

<b>DOCUMENT # P04000155947</b> 1. Entity Name <b>M &amp; M SHIP SHAPE SERVICES INC</b>					
Principal Place of Business <b>2630 SHERMAN ST HOLLYWOOD, FL 33020</b>			Mailing Address <b>2630 SHERMAN ST HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business - No P.O. Box # <b>13767 S.W. 144th PKWY</b>		3. Mailing Address <b>13767 S.W. 144th PKWY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Okeechobee, FL</b>		City & State <b>Okeechobee, FL</b>		4. FEI Number <b>65-1237419</b>	
Zip <b>34974-8831</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MILLER, MARY E 2630 SHERMAN ST HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13767 S.W. 144th PKWY</b> City <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MARY E 2630 SHERMAN ST HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MARY 13767 S.W. 144th PKWY Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MESSENGER, RUSSELL L 2630 SHERMAN HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MESSENGER, RUSSELL 13767 SW 144th PKWY Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Mary E. Miller</i> <b>Mary E. Miller</b>			<b>2-18-08</b> <b>954-235-3213</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		