2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000025346



FILED Apr 18, 2007 08:00 AM Secretary of State

| M & M RV RENTALS & SALES, INC. | | | | | | | | | |
|--|--|------------------------------|-----------------------------------|--|--|--------------------------------|---|-----------------------|--------------------|
| Principal Place of Business 15645 PINE RIDGE ROAD FT MYERS, FL 33908 Mailing Address 15645 PINE RIDGE ROAD FT MYERS, FL 33908 FT MYERS, FL 33908 | | | | | | 12:16: Ainii 10:11 10:11 00:11 | II ma ri a 33 86 7 3 71 | E JAN EIFIF E | IIPBI di Babi |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | ress | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02132007 | Chg-P | C R 2 E 0 3 | 4 (12/08) | |
| City & State | | City & State | | | 4. FEI Number Applied For 20-2386618 Not Applied | | | | |
| Zip | Country | Z ip | Zip Country | | S. Certificate o | of Status Desired | | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and | Address of New R | egistered Ag | jent | |
| PLATH, MARILYN MARIE 21510 INDIAN BAYOU FT MYERS BCH, FL 33931 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | FL | Zip Cod | θ |
| | named entity submits this statement titlens of registered agent. | or the purpose of chan | ging its register | red office or register | ed agent, or both | , in the State of Fic | | milier with, | and accept |
| SIGNATURE - | Signators, typed ar printed some of registered agen | t and little if day iinabie, | (N Q T&: Register) | Ed Agent Elgenius regelled | when recented to by t | | P A 7 8 | | |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550 | | Campaign Fina nd Contribution. | | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS 11 | | | • | ADDITIONS/ | HANGES TO OFF | ICERS AND I | DIRECTOR | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | U0000 04/26/07 | | □ change -022 15 | Addition 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dele | NAA Str | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dele | NAA Str | 1 | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Dele | NAA Str | | | | | Change Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dela | NAA Str | į. | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Dele | NAM STR | | | | further certifi | Change | Addition |

thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the middled 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.