

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 029 ***150.00

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02052007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000031635					
1. Entity Name M&M CONTRACTING OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5802 CHERRY RD OCALA, FL 34472			Mailing Address 5802 CHERRY RD OCALA, FL 34472		
2. Principal Place of Business - No P.O. Box # 604 NW 1st Ave		3. Mailing Address PO Box 3788			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala FL		City & State Belleview FL		4. FEI Number 20-2460457	
Zip 34475		Country marion		Applied For <input type="checkbox"/> Not Applicable	
Zip 34475		Country marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, LARRY 5802 CHERRY RD OCALA, FL 34472			7. Name and Address of New Registered Agent Name Wayne Masciarelli Street Address (P.O. Box Number is Not Acceptable) 604 NW 1st Ave City Ocala FL Zip Code 34475		
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 Wayne Masciarelli DATE 2/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCIARELLI, WAYNE 5802 CHERRY RD OCALA, FL 34472	<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	D DEINES, CLAYTON 5802 CHERRY RD OCALA, FL 34472	<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	D HAYES, KEITH 5802 CHERRY RD OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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					
SIGNATURE: Wayne Masciarelli DATE 2/6/07 352-266-7513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					