

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031635

FILED
Jan 07, 2008
Secretary of State

Entity Name: M&M CONTRACTING OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

604 NW 1ST AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3788
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 20-2460457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASCIARELLI, WAYNE
604 NW 1ST AVE
OCALA, FL 34475 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: D () Delete
Name: MASCIARELLI, WAYNE
Address: 5802 CHERRY RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: DEINES, CLAYTON
Address: 5802 CHERRY RD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: HAYES, KEITH
Address: 5802 CHERRY RD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASCIARELLI, WAYNE
Address: 604 NW 1ST AVENUE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change () Addition
Name: DEINES, CLAYTON
Address: 604 NW 1ST AVENUE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change () Addition
Name: HAYES, KEITH
Address: 604 NW 1ST AVENUE
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE MASCIARELLI

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date