## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000099762

Address:

City-St-Zip:

PO BOX 12668

FT PIERCE, FL 34979

Entity Name: M & D CONTRACTING, INC.

FILED Jan 22, 2009 Secretary of State

Littly Nai	ine. Wadoc	DIVIRACTING, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	SET BLVD E, FL 34982					
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
	SET BLVD CE, FL 34982					
FEI Number	: 26-0122298	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired	( ) t
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
6004 SUN	DONALD W SET BLVD SE, FL 34982	US				
	named entity se of Florida.	submits this statement for the p	ourpose of changing i	ts registered off	ice or registered agent, o	or both,
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) FISHER, DONA 6004 SUNSET FORT PIERCE,	BLVD	Title: Name: Address: City-St-Zip:	()(	Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( ) FISHER, MICHA PO BOX 12668 FT PIERCE, FI		Title: Name: Address: City-St-Zip:	V (X) (X) (FISHER, MICHAE PO BOX 72 HARRISVILLE, M		
Title: Name: Address: City-St-Zip:	T () FISHER, LINDA 6004 SUNSET FORT PIERCE,	BLVD.	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name:	S () FISHER, DENE	Delete L R	Title: Name:	S (X) ( FISHER, DENEL	Change()Addition R	

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.

Address:

City-St-Zip:

**PO BOX 72** 

HARRISVILLE, MI 48740

SIGNATURE: LINDA L FISHER T 01/22/2009