

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000111170

1. Entity Name
BRAM - MM, INC.



Principal Place of Business
995 N. S.R. 434
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
995 N. S.R. 434
ALTAMONTE SPRINGS, FL 32714 US



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLS, ANNA N
1755 GULF WINDS CT.
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 Clarence A. Walls Jr.
Signature, typed or printed name of registered agent and title if applicable.

VP
(NOTE: Registered Agent signature required when reinstating)

1-31-2007
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLS, ANNA N
STREET ADDRESS	1755 GULF WINDS CT.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VP
NAME	WALLS, CLARENCE A JR.
STREET ADDRESS	1755 GULF WINDS COURT
CITY-ST-ZIP	APOPKA, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000617865
02/03/07-80006-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Clarence A. Walls Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07 407-774-6243
Date Daytime Phone #