2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000037255

1. Entity Name
M&M PROPERTY IMPROVEMENTS AND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
3219 PAYNE ST NEW PORT RICHEY, FL 34655	P O BOX 301 ELFERS, FL 34680-0301

DO NOT WRITE IN THIS SPACE

04062008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-4556732	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

KNIS, MARIAN
3219 PAYNE ST
NEW PT RICHEY, FL 34655-3202

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	U00000905420 05/01/08-80054-004 150.00
NAME	KNIS, MARIAN	
STREET ADDRESS	3219 PAYNE ST	
CITY-ST-ZIP	NEW PT RICHEY, FL 346553202	
TITLE	D	
NAME	KNIS, MAGDALENA	
STREET ADDRESS	3219 PAYNE ST	
CITY-ST-ZIP	NEW PT RICHEY, FL 346553202	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		DO NOT WRITE
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ MAGDALENA KNIS 04/12/08 (727) 2249909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #