Fax:727-E

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Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90032 003 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062267

1. Entity Name
M & R MANAGEMENT OF HERNANDO COUNTY, INC.

Principal Place of Business | Mailing Address

08272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
8256 Commercial Way
Suite, Apt. #, etc.
City & State: Weeki Wachee Florida
Zip: 34613 Country: USA

3. Mailing Address
~~Weeki Wachee~~
Suite, Apt. # etc.: 8256 Commercial Way
City & State: Weeki Wachee FL
Zip: 34613 Country: USA

4. FEI Number: 20-4813047 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, ROSE M
9238 LONG LAKE AVE
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Rosemarie Nash ROSEMARIE NASH 8-27-08
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, MATTHEW C 9238 LONG LAKE AVENUE BROOKSVILLE, FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NASH, ROSE MARIE 9238 LONG LAKE AVENUE BROOKSVILLE, FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Rosemarie Nash ROSEMARIE NASH 8-27-08 3525968663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #