


2007 FOR PROFIT CORPORATION
ANNUAL REPORT


FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90135 015 ***158.75

DOCUMENT # P06000075025	
1. Entity Name M&M STOCKERS, INC	

Principal Place of Business 12533 BEACONTREE WAY ORLANDO, FL 32837	Mailing Address 12533 BEACONTREE WAY ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box # 2671 Mercy Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando FL	City & State
Zip 32808	Country

	
04022007	Chg-P CR2E034 (12/06)
4. FEI Number 20-4953727	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MALDONADO, MICHAEL 12533 BEACONTREE ORLANDO, FL 32837	

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 _____ (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, MICHAEL 12533 BEACONTREE WAY ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael Maldonado</u>	4-2-07 407-468-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #