


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000015301 1. Entity Name HMM, INC.	
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Principal Place of Business 7640 N. WICKHAM ROAD STE 107B MELBOURNE, FL 32940	Mailing Address P.O. BOX 410999 MELBOURNE, FL 32941
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3156295	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEALY, PATRICK 1800 W HIBISCUS BLVD MELBOURNE, FL 32901
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IGO, MILES P O BOX 410999 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, MYRA K PO BOX 410999 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPARD, KELLIE PO BOX 410999 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/24/06-80065-017 150.00

**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: Myra K Haley Jan. 18, 2006 321-242-6210
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #