

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000076001

1. Entity Name
M & F ENTERPRISES, INC.



Principal Place of Business
**25 W GOVERNMENT STREET
PENSACOLA, FL 32502**

Mailing Address
**25 W GOVERNMENT STREET
PENSACOLA, FL 32502**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3208674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R
25 W GOVERNMENT STREET
PENSACOLA, FL 32502**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000669106
03/27/07-80057-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	ATCHISON, LOUISE
STREET ADDRESS	P.O. BOX 18721
CITY-ST-ZIP	PENSACOLA, FL 32523
TITLE	DP
NAME	FLEMING, EDWARD P
STREET ADDRESS	25 W GOVERNMENT STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	DV
NAME	MOORHEAD, STEPHEN R
STREET ADDRESS	25 W GOVERNMENT STREET
CITY-ST-ZIP	PENSACOLA, FL 32502

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.P. FLEMING

3/15/07 850-477-0660
Date Daytime Phone #