

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 002 ***150.00

DOCUMENT # P94000069812	
1. Entity Name MXM ENTERPRISES, INC.	

Principal Place of Business 7265 CLOISTER DRIVE SARASOTA FL 34231	Mailing Address 7265 CLOISTER DRIVE SARASOTA FL 34231
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2. Principal Place of Business - No P.O. Box # 23605 53 RD AVE. EAST	3. Mailing Address 23605 53 RD AVE. EAST
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Suite, Apt. #, etc. MYAKKA CITY	Suite, Apt. #, etc.
City & State FLA.	City & State MYAKKA CITY FL.
Zip 34251	Zip 34251
Country	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0529274	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LESSIG, ROY 7265 CLOISTER DRIVE SARASOTA FL 34231

7. Name and Address of New Registered Agent Name PHILIP CRUSE Street Address (P.O. Box Number is Not Acceptable) 23605 53 RD AVE. EAST City MYAKKA CITY FL Zip Code 34251

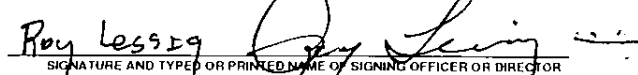
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  PHILIP CRUSE (PRES.)	DATE 4-09-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	☒ Delete
NAME LESSIG, ROY	
STREET ADDRESS 7265 CLOISTER DR	
CITY - ST - ZIP SARASOTA FL	
TITLE VP	☐ Delete
NAME CRUSE, PHILIP	
STREET ADDRESS 2731 17TH ST	
CITY - ST - ZIP SARASOTA FL	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CRUSE, PHILIP	☒ Change ☐ Addition
NAME 23605 53 RD AVE. EAST	PRESIDENT
STREET ADDRESS MYAKKA CITY FL. 34251	
TITLE Roy Lessig	☒ Change ☐ Addition
NAME 7265 CLOISTER DR.	
STREET ADDRESS SARASOTA, FL. 34231	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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 Section 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.	
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SIGNATURE:  ROY LESSIG	DATE 4-09-07	TELEPHONE 941-925-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	TELEPHONE