


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P94000094213 1. Entity Name M & A PROPERTY MANAGEMENT, INC. |  |
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| Principal Place of Business 1416 CEDAR BAY LN SARASOTA, FL 34231 | Mailing Address 1416 CEDAR BAY LN SARASOTA, FL 34231 |
|--|--|



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-0553952 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERD AGENT COPORATION 1 BRICKELL AVE STE 3000 MIAMI, FL 33131 | 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 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**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUDWIG, MARY L 221 VESTAVIA DR VENICE, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MACASKILL, LINDA 1416 CEDAR BAY LANE SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MACASKILL, JOHN 1416 CEDAR BAY LANE SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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01/30/07-80035-003 158.75

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

1/20/07 941-350-8872
Date Daytime Phone #