

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 040 ***158.71

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1. Entity Name

M & A PROPERTY MANAGEMENT, INC.



Principal Place of Business

1416 CEDAR BAY LN
SARASOTA, FL 34231

Mailing Address

1416 CEDAR BAY LN
SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0553952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1 BRICKELL AVE
STE 3000
MIAMI, FL 33131

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

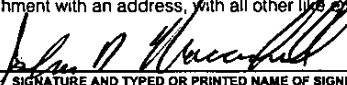
10. OFFICERS AND DIRECTORS

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

SIGNATURE:

 **VP JOHN D MACASKILL** 2/4/08 941-350-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #