

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 042 ***150.00

DOCUMENT # P95000010678

1. Entity Name
M & L INVESTMENTS, INC.



Principal Place of Business

~~350 PENSACOLA BEACH BLVD~~ Suite 208
~~SUITE 4 400 Gulf Breeze Pkwy~~
GULF BREEZE, FL 32561 US

Mailing Address

P.O. BOX 99
GULF BREEZE, FL 32562-0099 US



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3323431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, III MARK
350 PENSACOLA BEACH BLVD
SUITE 7
GULF BREEZE, FL 32561

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYONS, MARK III
STREET ADDRESS	68 BAYBRIDGE
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	SD
NAME	RINKE, ROBERT
STREET ADDRESS	400 QUIRTWATER ROAD SUITE 10
CITY-ST-ZIP	PENSACOLA BEACH, FL
TITLE	TD
NAME	POWELL, GARY
STREET ADDRESS	14 VIA DELUNA
CITY-ST-ZIP	PENSACOLA BEACH, FL
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 exemption stated in Section 119.07(3)(i), 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

Mark Lyons III

4/31/04

Date

850934-0440

Daytime Phone #