

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90292 014 \*\*\*150.00

**DOCUMENT # P95000010678**

1. Entity Name

**M & L INVESTMENTS, INC.**



Principal Place of Business

**77 BAYBRIDGE OFFICE PARK**  
~~815-200~~  
**GULF BREEZE FL 32561**  
**US**

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3323431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYONS, III MARK**

~~77~~ **BAYBRIDGE OFFICE PARK**  
**GULF BREEZE FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

**77 Baybridge Office Park**

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

**PD**  
**LYONS, MARK III**  
**68 BAYBRIDGE**  
**GULF BREEZE FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD**  
**RINKE, ROBERT**  
**400 QUIRTWATER ROAD SUITE 10**  
**PENSACOLA BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD**  
**POWELL, GARY**  
**14 VIA DELUNA**  
**PENSACOLA BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/06**

Date

Daytime Phone #

**850 934 0440**