

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000026169	
1. Entity Name M2 TECHNOLOGIES, INC.	
Principal Place of Business 5235 RAMSEY WAY, SUITE 17 FT. MYERS, FL 33907	Mailing Address P.O. BOX 438 HARRODSBURG, KY 40330



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0569164	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOX, MORRIS B
4020 DEL PRADO BLVD., SOUTH, SUITE A-1
CAPE CORAL, FL 33904**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000949601
06/03/08-80034-013 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, JANET 498 ELLIOTT ROAD CENTERVILLE, MA 02632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORRIS, CHRISTOPHER 498 ELLIOTT ROAD CENTERVILLE, MA 02632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BODENHAMER, JUNE 3144 PERRYVILLE ROAD HARRODSBURG, KY 40330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date

8597348360

Daytime Phone #