

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 033 ***150.00

DOCUMENT # P95000032294

1. Entity Name
MMLM, INC.



Principal Place of Business
2631 S STERNS DR E
ATLANTIC BEACH, FL 32233

Mailing Address
2631 S STERNS DR E
ATLANTIC BEACH, FL 32233

50007067



2. Principal Place of Business

2631 STERN DR E.

3. Mailing Address

2631 STERN DR E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005

Chg-P

CR2E034 (10/03)

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3314731

Applied For

Not Applicable

Zip
32233

Country

USA

Zip
32233

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LARRY T
10930 U S 1 NORTH
ST AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name

STOLLER, Michelle

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

2631 STERN DR E.

City ATLANTIC BEACH FL

Zip Code 32233

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

Michelle Stoller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ☐ Delete
NAME STOLLER, MICHELLE
STREET ADDRESS 2631 STERNS DR E
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☒ Delete
NAME MILLER, LARRY T
STREET ADDRESS 10930 U S 1 N
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE DS ☒ Delete
NAME STOLLER, LOREN
STREET ADDRESS 3434 MCKINLEY ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michelle Stoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-05 904.354.2700