2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P95000047451** 02-28-2006 90013 004 ***150.00 M & M DRIVE SERVICE INC. Principal Place of Business Mailing Address 8281 LK UNDERHILL RD 8281 LK UNDERHILL RD 50000397 ORLANDO, FL 32828 US ORLANDO, FL 32828 US 2. Principal Place of Business 9808.5W 90th 5tree 3. Mailing Address 9808 SW 90th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E034 (11/05) Cha-P City & State Applied For Gity & State 4. FEI Number <u>Jainesville</u> 20inesville 59-3321198 Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired Hael 2608 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gar Mann MANN, GARY Address (P.O. Box Number is Not Acceptable) 8281 LAKE UNDERHILL RD ORLANDO, FL 32825 City Gainesville 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. () ARY TRESIDE SIGNATURE 9. Election Campaign Financing \$5.00 May Be-FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\dot{\Box}$ After May 1, 2006 Fee will be \$550.00 Added to Fees 3 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Defete TITLE mann, Gary 9808 SW 90th Stree Gains ☐ Addition TITLE MANN, GARY.: 3 NAME NAME STREET ADDRESS 8281 LAKE UNDERHILL ROAD STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP zaines ville ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SKINATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Feb 28, 2006 8:00 am