

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90025 012 ***158.75

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1. Entity Name

M & M AUTO WHOLESALE, INC.



Principal Place of Business

**10650-4 HAVERFORD ROAD
JACKSONVILLE FL 32218**

Mailing Address

**10650-4 HAVERFORD ROAD
JACKSONVILLE FL 32218**

2. Principal Place of Business

542755 U.S. Hwy 1

3. Mailing Address

11356 Harlan Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callahan, Florida

City & State

Jax, FL 32218

4. FEI Number

59-3388201

Applied For

Not Applicable

Zip

32011

Country

Nassau

Zip

32218

Country

Dural

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRURY, MARK A
10650-4 HAVERFORD ROAD
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name

Mark A. Drury

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

11356 Harlan Dr

City

Jacksonville

FL

Zip Code
32218

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

Mark A. Drury

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

(NOTE: Registered Agent signature required when reinstating)

4/4/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME **PDST**
STREET ADDRESS **DRURY, MARK A**
CITY-ST-ZIP **11356 HARLAN DR
JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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

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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:

Mark A. Drury (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04
Date

904-757-4700
Daytime Phone #