

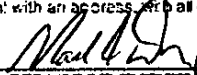
2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUL -3 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06232006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000053424					
1. Entity Name M & M AUTO WHOLESALE, INC.					
Principal Place of Business 5407 BEACH BLVD JACKSONVILLE, FL 32207			Mailing Address 11356 HARLAN DR JACKSONVILLE, FL 32218		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt., & c/o.			Suite, Apt., & c/o.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fbi Number 59-3388201	
				Applied For No: Applicable	
				5. Certificate of States Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRURY, MARK A 11356 HARLAN DR JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 this is applicable. (NOTE: Registered Agent signatures required when registering.)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
DATE NAME STREET ADDRESS CITY-STATE-ZIP	PDST DRURY, MARK A 11356 HARLAN DR JACKSONVILLE, FL 32218	☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP	Director, Secretary, Treasure Mark A. Drury 11356 Harlan Dr Jax, FL 32218	☒ Change ☐ Addition
DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP	President Mark W. Johnson 467 Eagle Point Dr St. Augustine FL 32092	☐ Change ☒ Addition
DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP	700077085837 07/06/06--01046--002 ***61.25	☐ Change ☐ Addition
DATE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	DATE NAME STREET ADDRESS CITY-STATE-ZIP	BN/6/06	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: 		Director		6/27/06 904-545-5197	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	