


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000064366 . 1. Entity Name M&M CONSTRUCTION, INC.	
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Principal Place of Business 5916 BATTER SEA AVE NORTH PORT, FL 34286	Mailing Address P O BOX 7622 NORTH PORT, FL 34287
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DO NOT WRITE IN THIS SPACE



01122007 · No Chg-P CR2E034 (11/05)

4. FEI Number 65-0685137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MELVIN, BYRON D SR
5916 BATTERSEA AVE
NORTH PORT, FL 34286**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYRIE, ROY 4211 MARIAN ST ONA, FL 33865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, BYRON ST 5916 BATTERSEA AVE NORTH PORT, FL 34286
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01/31/07-80050-018 150.00

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: *Byron Melvin* **Byron Melvin** 1/25/07 (941) 423 9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #