


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002154		
1. Entity Name M & M REALTY PROPERTY MANAGEMENT, INC.		

Principal Place of Business 1599 PLACIDA ROAD ENGLEWOOD, FL 34223	Mailing Address 1599 PLACIDA ROAD ENGLEWOOD, FL 34223
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0719480	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent FLOWERS, REVIS 1599 PLACIDA ROAD ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

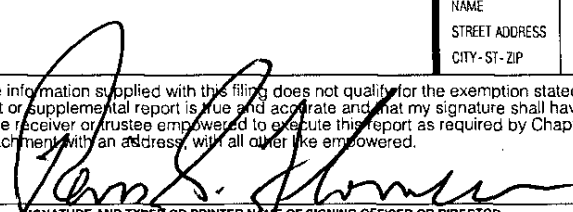
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLOWERS, REVIS 1599 PLACIDA RD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800040691938 08/31/04--01048--016 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAULSEN, MILDRED 1599 PLACIDA RD. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Bernita Ann Bulwan 1591 Placida Road Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____