## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## May 02, 2008 8:00 am Secretary of State DOCUMENT # P97000040409 05-02-2008 90148 014 \*\*\*150.00 M & M MACHINERY INSTALLATION & MAINTENANCE. INC. Principal Place of Business Mailing Address 12366 SOUTHWEST 52 COURT 12366 SOUTHWEST 52 COURT COOPER CITY, FL 33330 COOPER CITY, FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302008 Cho-P City & State City & State 4. FEI Number Applied For Not Applicable 65-0769256 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODARD, ROBERT L SR Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code City 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 fegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PDVP Change Addition TITLE .... Delete TΠ1F CHRISTOPHER W. WOODARD WOODARD, ROBERT L SR. NAME NAME LOKATIE DRIVE STREET ADDRESS 12366 SOUTHWEST 52 COURT STREET ADDRESS WAPREN, RI OZEES CITY-ST-7IP CITY-ST-ZIP COOPER CITY, FL 33330 STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOODARD, ROBERT L SR. NAME NAME STREET ADDRESS 12366 SOUTHWEST 52 COURT STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33330 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS 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 attacturent with an address, with all other like empowered.

OFFICER OR DIRECTOR

**FILED**