

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052595

**FILED**  
**May 20, 2005**  
**Secretary of State**

**Entity Name:** M & M TRANSCRIPTION, INC.

**Current Principal Place of Business:**

5120 ELPINE WAY  
WEST PALM BEACH, FL 33418 US

**New Principal Place of Business:**

4277 MAGNOLIA STREET  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

5120 ELPINE WAY  
WEST PALM BEACH, FL 33418 US

**New Mailing Address:**

4277 MAGNOLIA STREET  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 65-0760057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONLON, ROBERT M  
1645 PALM BEACH LAKES BLVD.  
SUITE 800  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, MICHELLE M  
Address: 5120 ELPINE WAY  
City-St-Zip: PALM BCH GDNS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE M WILSON

P

05/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date