

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90351 006 \*\*\*150.00

<b>DOCUMENT #</b> P97000087165	
<b>1. Entity Name</b>	
M & M Traynor Enterprises, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 5437 Yarborough Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 74 Marinus St Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Rochelle Park, NJ	
Zip 33813	Country USA	Zip 07662-3826	Country USA

**50040795**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 91-1862846		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>7. Name and Address of Current Registered Agent</b>			
Name Debora C Reher			
Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd			
City Lakeland		FL	Zip Code 33813

**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**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Traynor, Michael W 5437 Yarborough Ln Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Reher, Debora C 74 Marinus St Rochelle Park, NJ 07662	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

<b>SIGNATURE</b> <i>Debora C. Reher</i>	Debora C. Reher, Secretary	4/11/2005	201-368-7956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #