

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

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90171 022 \*\*\*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> 718 Century Lane Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Bos 276 Suite, Apt. #, etc.
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**DO NOT WRITE IN THIS SPACE**

<b>City &amp; State</b> Winter Haven, FL	<b>City &amp; State</b> Leonardo, NJ	<b>4. FEI Number</b> 91-1862846	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33881-8740	<b>Country</b> USA	<b>Zip</b> 07737-0276	<b>Country</b> USA
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Michael Traynor	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 718 Century Lane	
<b>City</b> Winter Haven	<b>Zip Code</b> 33881-8740

**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**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> Michael Traynor 718 Century Lane Winter Haven, FL 33881-8740	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> Debora C. Reher P.O. Box 276 Leonardo, NJ 07737-0276	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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	4/14/2006	732-291-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #