

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-03-2007 90046 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>PA7000087165</u>	
1. Entity Name M & M Traynor Enterprises, Inc.	

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66018205

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2. Principal Place of Business 718 Century Lane Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Winter Haven, FL	City & State
Zip 33881-8740	Country

4. FEI Number 91-1862846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Michael Traynor	
Street Address (P.O. Box Number is Not Acceptable) 718 Century Lane	
City Winter Haven	Zip Code 33881

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 PD NAME Michael Traynor STREET ADDRESS 718 Century Lane CITY-ST-ZIP Winterhaven, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME Debora C. Reher STREET ADDRESS 123 Maple Ave. CITY-ST-ZIP Belford, NJ 07718-1221	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)(l), 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.

SIGNATURE: Debora C. Reher **Debora C. Reher, Secretary** **4/14/2007** **812-769-2235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**