

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATX1

09 MAY 22 PM 3:24

DOCUMENT # P97000087165
1. Entity Name M & M Traynor Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 718 Century Lane Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4725 Suite, Apt. #, etc.
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300156306733
05/22/09--01009--014 **150.00

DO NOT WRITE IN THIS SPACE

City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33881-8740	Country USA
Zip 33885-4725	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael W. Traynor P.O. Box 4725 Winter Garden, FL 33885-4725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Debora C. Reher 123 Maple Ave. Belford, NJ 07718-1221
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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.

SIGNATURE: Michael W. Traynor 4/27/09 732-709-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS