


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90057 034 \*\*\*150.00

<b>DOCUMENT # P98000077955</b>	
1. Entity Name <b>M&amp;M CONCEPTS OF FORT MYERS, INC.</b>	

Principal Place of Business <b>2390 TAMiami TRAIL PORT CHARLOTTE FL 33952 US</b>	Mailing Address <b>PO BOX 496089 PORT CHARLOTTE FL 33952 US</b>
---	--

2. Principal Place of Business <b>462 N.E. 2<sup>ND</sup> AVE.</b>	3. Mailing Address <b>462 N.E. 2<sup>ND</sup> AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State <b>CAPE CORAL, FL.</b>	City & State <b>CAPE CORAL, FL.</b>	4. FEI Number <b>65-0863281</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33909</b>	Country <b>US</b>	Zip <b>33909</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MARESCA, MICHAEL 2390 TAMiami TRAIL PORT CHARLOTTE FL 33952</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL MARESCA</b> Street Address (P.O. Box Number is Not Acceptable) <b>462 N.E. 2<sup>ND</sup> AVE.</b> City <b>CAPE CORAL</b> FL Zip Code <b>33909</b>	
---	--	--	--

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 **MICHAEL MARESCA** *Michael Maresca* **2-9-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARESCA, MICHAEL PO BOX 496089 PORT CHARLOTTE FL 33949-6089</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>462 N.E. 2<sup>ND</sup> AVE. CAPE CORAL, FL. 33909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Maresca - MICHAEL MARESCA, president** **2-9-05** **(239) 707-2647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #