


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000099997	
1. Entity Name M & M MOTORS OF CARRABELLE, INC.	

Principal Place of Business 15615 NE SHULEE ST. HOSFORD, FL 32334	Mailing Address PO BOX 101 HOSFORD, FL 32334
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MORRIS, DAVID K 34647 COUNTY ROAD NORTHEAST HOSFORD, FL 32334
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! - FEE IS \$150.00 (After May 1, 2008 Fee will be \$550.00)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000791259 01/23/08-80068-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, DAVID K HWY 67 SOUTH HOSFORD, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, JANET C HWY 67 SOUTH HOSFORD, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, JANET C HWY 67 SOUTH HOSFORD, FL 32334
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [Signature] Pres. 1-16-08 379-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #