

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099997

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: M & M MOTORS OF CARRABELLE, INC.

## Current Principal Place of Business:

15615 NE SHULEE ST.  
HOSFORD, FL 32334

## New Principal Place of Business:

22193 NE CHESTER ST  
HOSFORD, FL 32334

## Current Mailing Address:

PO BOX 101  
HOSFORD, FL 32334

## New Mailing Address:

FEI Number: 59-3544194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, DAVID K  
34647 COUNTY ROAD NORTHEAST  
HOSFORD, FL 32334      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORRIS, DAVID K  
Address: HWY 67 SOUTH  
City-St-Zip: HOSFORD, FL 32334

Title: S ( ) Delete  
Name: MORRIS, JANET C  
Address: HWY 67 SOUTH  
City-St-Zip: HOSFORD, FL 32334

Title: T ( ) Delete  
Name: MORRIS, JANET C  
Address: HWY 67 SOUTH  
City-St-Zip: HOSFORD, FL 32334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID K MORRIS

PRES

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date