## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P98000106537** 01-12-2004 90012 042 \*\*\*150.00 M & M ENTERPRISES OF DESTIN, INC. Principal Place of Business Mailing Address 827 KELL-AIRE CT 827 KELL-AIRE CT DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4 FEI Number 59-3548843 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, MARGUERITE J Street Address (P.O. Box Number is Not Acceptable) 827 KELL-AIRE CT DESTIN, FL 32541 City Zip Code 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change Addition PARKER, JOHN M NAME NAME STREET ADDRESS 827 KELL-AIRE CT STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-2IP TITLE Detete TITLE ☐ Addition ☐ Change PARKER, MARGUERITE J NAME NAME 827 KELL-AIRE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-7IP Addition TITLE ☐ Defete TITLE ☐ Change DIRECTOR NAME NAME JOHN MICHAEL PARKER, JR. STREET ADDRESS STREET ADDRESS 320 SPANISH MOSS TRAIL DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TM F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 people as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Jan 12, 2004 8:00 am