


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90080 044 ***150.00

DOCUMENT # P99000000929 1. Entity Name M & M PINESTRAW, INC.					
Principal Place of Business 1620 N MAIN ST BELL, FL 32619 US			Mailing Address P.O. BOX 6 BELL, FL 32619 US		
2. Principal Place of Business 237 NE 11th Ave		3. Mailing Address Suite, Apt. #, etc. 711			
City & State Trenton FL		City & State Trenton FL		4. FEI Number 59-3553030	
Zip 32693		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JOSHUA D 5140 SW 7TH PL BELL, FL 32619			7. Name and Address of New Registered Agent Name Joshua D. Moore Street Address (P.O. Box Number is Not Acceptable) 3960 SW 22nd Pl. City Bell FL Zip Code 32619		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JOSHUA D 5140 SW 7TH PL BELL, FL 32619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joshua D. Moore 3960 SW 22nd Pl Bell FL 32619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, RITA S P O BOX 145 BELL, FL 32619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 of 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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-6-04 Daytime Phone # 3524632314		