

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000005716

1. Entity Name

M & M GRAPHICS & DESIGN, INC.



Principal Place of Business

4400 W. HILLBORO BLVD
COCONUT CREEK, FL 33073

Mailing Address

4400 W. HILLBORO BLVD
COCONUT CREEK, FL 33073



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0890115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERICLE, ROBERT
2261 NW 161 TERR
PEMBROKE PINES, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MERICLE, ROBERT
STREET ADDRESS	2261 NW 161 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	MERICLE, MICHAEL N
STREET ADDRESS	154 IRON KING ROAD
CITY-ST-ZIP	DURANGO, CO 81301
TITLE	D
NAME	TAWES, GREGORY K
STREET ADDRESS	154 IRON KING ROAD
CITY-ST-ZIP	DURANGO, CO 81301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80061-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

954-427-0622

Daytime Phone #