

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000054784

**1. Entity Name
MML BOCA GRANDE, INC.**



**Principal Place of Business
100 N. TAMPA ST., STE. 2120
TAMPA, FL 33602**

**Mailing Address
P.O. BOX 2939
TAMPA, FL 33601**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3582072**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUELLER, JOHN H
100 N. TAMPA ST., STE. 2120
TAMPA, FL 33602**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**1000000477167
04/06/06-80041-012 150.00**

10. OFFICERS AND DIRECTORS

**TITLE SD
NAME MUELLER, SUSAN L
STREET ADDRESS 5420 LYKES LANE
CITY-ST-ZIP TAMPA, FL 33611**

**TITLE PTD
NAME LYKES, MAYO
STREET ADDRESS PO BOX 1348
CITY-ST-ZIP WILSON, WY 83014**

**TITLE D
NAME DIMMITT, GENEVIEVE L
STREET ADDRESS C/O DIMMITT CHEVROLET US HY 19 N
CITY-ST-ZIP CLEARWATER, FL 33763**

**TITLE D
NAME LYKES, CHARLES P JR
STREET ADDRESS 5249 LAKE PLACID DR
CITY-ST-ZIP LAKE PLACID, FL 33852**

**TITLE D
NAME LYKES, MALLORY
STREET ADDRESS 5427 LYKES LANE
CITY-ST-ZIP TAMPA, FL 33611**

**TITLE D
NAME JORGENSEN, CHARLOTTE L
STREET ADDRESS 740 JUNIPER AVE
CITY-ST-ZIP BOULDER, CO 80304**

**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

3/14/06

208-787-2888

Date

Daytime Phone #