

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**\$150 FILED**

**Jan 17, 2008 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**



01072008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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

U00000788149  
01/18/08-80028-012 150.00

**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:**

*Cyo* *Res*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/08*  
Date

*307-732-2800*  
Daytime Phone #