

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054784

Entity Name: MML BOCA GRANDE, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

102 W WHITING ST STE 302
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

102 W WHITING ST STE 302
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3582072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, JOHN H
102 W WHITING ST STE 302
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MUELLER, SUSAN L
Address: 5420 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: PTD () Delete
Name: LYKES, MAYO
Address: PO BOX 1348
City-St-Zip: WILSON, WY 83014

Title: D () Delete
Name: DIMMITT, GENEVIEVE L
Address: C/O DIMMITT CHEVROLET US HY 19 N
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: LYKES, CHARLES P JR
Address: 5249 LAKE PLACID DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LYKES, MALLORY
Address: 5427 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: JORGENSEN, CHARLOTTE L
Address: 740 JUNIPER AVE
City-St-Zip: BOULDER, CO 80304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MUELLER, SUSAN L
Address: 5420 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LYKES, MALLORY
Address: 5427 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYO LYKES

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date