

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90083 014 ***150.00

DOCUMENT # P99000056868

1. Entity Name

M & M BRUCE, INC.



Principal Place of Business

**8462 CARDINAL RD
FORT MYERS FL 33912**

Mailing Address

**8462 CARDINAL RD
FORT MYERS FL 33912**

2. Principal Place of Business

18211 Pioneer RD.

Suite, Apt. #, etc.

3. Mailing Address

18211 Pioneer RD.

Suite, Apt. #, etc.

City & State

FT. Myers FL.

City & State

FT. Myers, FL.

Zip

33908

Country

Lee

Zip

33908

Country

Lee

4. FEI Number

65-0935213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUCE, MELISSA J
8462 CARDINAL ROAD
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **Melissa Bruce J**

Street Address (P.O. Box Number is Not Acceptable)

18211 Pioneer RD.

City

FT. MYERS,

FL

Zip Code

33908

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

Melissa Bruce

Melissa Bruce

2-15-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRUCE, MELISSA J**
STREET ADDRESS **8462 CARDINAL ROAD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **BRUCE, MICHAEL L**
STREET ADDRESS **8462 CARDINAL ROAD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael L Bruce

Michael L Bruce

2-15-06

848-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239)