2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2007 8:00 am Secretary of State DOCUMENT # P99000056868 1. Entity Name 02-16-2007 90038 007 ***150.00 M & M BRUCE, INC. Principal Place of Business Mailing Address 18211 PIONER RD FORT MYERS FL 33908 18211 PIONER RD FORT MYERS FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0935213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUCE, MELISSA J 18211 PIONEER RD Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33908 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ши 11111 Change ☐ Defete BRUCE, MELISSA J Bruce, Melissa J. NAMI NAM 8462 CARDINAL ROAD 18211 Pioneer RD. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 FT. Myers, FL. 33908 CHY ST- 7P CITY ST 7IP D BIII. ☐ Delete 1111.6 Addition Bruce, Michael L 18211 Pioneer RD, FT, Myers, FL, 33908 BRUCE, MICHAEL L NAME NAMI 8462 CARDINAL ROAD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CHY ST ZIP CITY ST ZIP ☐ Delete BHILL □ Change Addition SURLET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST 7P 11111 ☐ Delete BILL Change Addition NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY SI 7IP ☐ Delete Addition NAME STEET ADDRESS STREET ADORESS CHY-S1-7IP CITY SUZIP 1000 Delete HILL Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY SE-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 eath; that I am an efficier 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.

FILED

Muhael 1 Bruce Michael L Bruce 2-10-07 848-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylor Phone #