

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000059210

1. Entity Name
M & M DEVELOPMENT SERVICES, INC.



Principal Place of Business
**343 MOUNTAIN DR.
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 1027
DESTIN, FL 32540**

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3602970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WYATT, MICHAEL T
991 SHALIMAR POINTE DR.
SHALIMAR, FL 32579**

**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 handwritten name of registered agent on this face page

NOTE: Registered Agent's signature required on back page

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
WYATT, MICHAEL T
991 SHALIMAR POINTE DRIVE
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VP
WYATT, MARGARET E
991 SHALIMAR POINTE DRIVE
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
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CITY ST ZIP

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05/07/04-80006-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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

Daytime Phone #

Michael T. Wyatt *pt 7 May 2004* *850-650-1023*