

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

07 APR 23 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070699

1. Entity Name
M & M OCALA VENTURES, INC.



Principal Place of Business
**2023 E. SILVER SPRINGS BLVD., SUITE 203
OCALA, FL 34470**

Mailing Address
**2023 E. SILVER SPRINGS BLVD., SUITE 203
OCALA, FL 34470**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3595120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARLOW, NORMAN
2023 E. SILVER SPRINGS BLVD., SUITE 203
OCALA, FL 34470**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLOW, NORMAN 2023 E SILVER SPGS BLVD #203 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLOW, JUSTIN 2023 E SILVER SPRINGS BLVD #203 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARLOW, JOLENE 2023 E SILVER SPGS BLVD #203 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLOW, JOLENE 2023 E SILVER SPRINGS BLVD #203 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/07--01038--018 **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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 352-690-7700
Date Daytime Phone #