

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000070699

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



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

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

FILED

2008 APR 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3595120	Applied For <input type="checkbox"/> 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARLOW, NORMAN
STREET ADDRESS	2023 E SILVER SPRINGS BLVD, SUITE 203
CITY-ST-ZIP	OCALA, FL 34470

TITLE	VP
NAME	MARLOW, JUSTIN
STREET ADDRESS	2023 E SILVER SPRINGS BLVD, SUITE 203
CITY-ST-ZIP	OCALA, FL 34470

TITLE	T
NAME	MARLOW, JOLENE
STREET ADDRESS	2023 E SILVER SPRINGS BLVD, SUITE 203
CITY-ST-ZIP	OCALA, FL 34470

TITLE	S
NAME	MARLOW, JOLENE
STREET ADDRESS	2023 E SILVER SPRINGS BLVD, SUITE 203
CITY-ST-ZIP	OCALA, FL 34470

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/08--01007--011 **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

3/12/08
Date

352-690-7700
Daytime Phone #