

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # S41629

1. Entity Name
MULTI M CORP.



Principal Place of Business
**3310 SOUTH OCEAN BLVD., #125D
HIGHLAND BEACH, FL 33487**

Mailing Address
**3310 SOUTH OCEAN BLVD., #125D
HIGHLAND BEACH, FL 33487**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0256862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGAHAN, DONALD R.
3310 SO OCEAN BLVD
APT 125-D
HIGHLAND BEACH, FL 33487**

**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, 2005 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
**PD
MCGAHAN, MARGARETMARY C.
3310 S.OCEAN BLVD., #125D
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MCGAHAN, DONALD R
3310 S OCEAN BLVD, #125D
HIGHLAND, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000369706
04/16/05-80048-019 158.75

**DO NOT WRITE
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)(f), 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:

Donald R. McGahan
DONALD R. MCGAHAN

Signature and typed name of officer, director, receiver or trustee

4-11-05 **561-**
272-0780

Date

Daytime Phone #