

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000012311

**Entity Name:** M & M OFFICE SERVICES, INC.

**Current Principal Place of Business:**

1135 PASADENA AVE SO  
STE 208  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

1135 PASADENA AVE SO  
STE 208  
SAINT PETERSBURG, FL 33707 US

**FEI Number:** 59-3362995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATTHEWS, CARLA M  
1135 PASADENA AVE SO  
STE 208  
SAINT PETERSBURG, FL 33707 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                           |                 |                   |
|-----------------|---------------------------|-----------------|-------------------|
| Title           | PSD                       | Title           | DIRECTOR          |
| Name            | MATTHEWS, CARLA M         | Name            | MATTHEWS, LOUIS F |
| Address         | 1135 PASADENA AVE S #208  | Address         | 13274 105TH PLACE |
| City-State-Zip: | SAINT PETERSBURG FL 33707 | City-State-Zip: | LIVE OAK FL 32060 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLA M. MATTHEWS

**PRESIDENT**

**02/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date