

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000840

FILED
Apr 06, 2005
Secretary of State

Entity Name: MITCH MURCH'S MAINTENANCE MANAGEMENT COMPANY

Current Principal Place of Business:

2827 CLARK AVENUE
ST LOUIS, MO 63103

New Principal Place of Business:

Current Mailing Address:

2827 CLARK AVENUE
ST LOUIS, MO 63103

New Mailing Address:

FEI Number: 43-1147598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKENING, DONALD L
123 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURCH, TIMOTHY M
Address: 12309 BALLAS LANE
City-St-Zip: ST LOUIS, MO 63131

Title: V () Delete
Name: ALLEN, STEVEN R
Address: 2009 WOODS CIRCLE
City-St-Zip: BARNHART, MO 63012

Title: SD () Delete
Name: MURCH, MANY E
Address: 15309 OAKTREE ESTATES DRIVE
City-St-Zip: ST LOUIS, MO 63017

Title: T () Delete
Name: MCCracken, DENNIS W
Address: #1 HAWTHORNE CT
City-St-Zip: EDWARDSVILLE, IL 62025

Title: C () Delete
Name: MURCH, MITCHELL M
Address: 15309 OAKTREE ESTATED DRIVE
City-St-Zip: ST LOUIS, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MURCH, MARY E
Address: 15309 OAKTREE ESTATES DRIVE
City-St-Zip: ST LOUIS, MO 63017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS W MCCracken

Electronic Signature of Signing Officer or Director

TREA

04/06/2005

_____ Date