


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 040 ***150.00

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1. Entity Name
MITCH MURCH'S MAINTENANCE MANAGEMENT COMPANY



Principal Place of Business Mailing Address
2827 CLARK AVENUE **2827 CLARK AVENUE**
ST LOUIS, MO 63103 **ST LOUIS, MO 63103**

00002461



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
43-1147598 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WILKENING, DONALD L
123 PARK STREET
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FEE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURCH, TIMOTHY M	
STREET ADDRESS	12309 BALLAS LANE	
CITY-ST-ZIP	ST LOUIS, MO 63131	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, STEVEN R	
STREET ADDRESS	2009 WOODS CIRCLE	
CITY-ST-ZIP	BARNHART, MO 63012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURCH, MARY E	
STREET ADDRESS	15309 OAKTREE ESTATES DRIVE	
CITY-ST-ZIP	ST LOUIS, MO 63017	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRACKEN, DENNIS W	
STREET ADDRESS	#1 HAWTHORNE CT	
CITY-ST-ZIP	EDWARDSVILLE, IL 62025	
TITLE	C	<input type="checkbox"/> Delete
NAME	MURCH, MITCHELL M	
STREET ADDRESS	15309 OAKTREE ESTATED DRIVE	
CITY-ST-ZIP	ST LOUIS, MO 63017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis W. McCracken	
STREET ADDRESS	2827 Clark Avenue	
CITY-ST-ZIP	St. Louis, Mo 63103	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis W. McCracken	
STREET ADDRESS	2827 Clark Avenue	
CITY-ST-ZIP	St. Louis Mo 63103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  Date **3/10/06** Daytime Phone # **314-535-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis W. McCracken