

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000840

FILED  
Aug 15, 2007  
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: MCCRACKER, DENNIS W  
Address: 2827 CLARK AVE  
City-St-Zip: SAINT LOUIS, MO 63103

Title: T ( ) Delete  
Name: MCCRACKER, DENNIS W  
Address: 2827 CLARK AVE  
City-St-Zip: SAINT LOUIS, MO 63103

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: STROUT, JOSEPH M  
Address: 2827 CLARK AVE  
City-St-Zip: SAINT LOUIS, MO 63103

Title: T (X) Change ( ) Addition  
Name: STROUT, JOSEPH M  
Address: 2827 CLARK AVE  
City-St-Zip: SAINT LOUIS, MO 63103

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH M. STROUT

T

08/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date