

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037179

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: MT TRANSITION, INC.

**Current Principal Place of Business:**

122 E LAKE DEER DRIVE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

122 E LAKE DEER DRIVE  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

FEI Number: 41-2234522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ASHLEY, KEVIN A ESQ  
141 5TH STREET NW  
WINTER HAVEN, FL 33881 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: P ( ) Delete  
Name: WHATLEY, SUSAN R  
Address: 122 E LAKE DEER DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP ( ) Delete  
Name: SMITH, KAREN  
Address: 1228 7TH STREET NW  
City-St-Zip: WINTER HAVE N, FL 33881 US

Title: VP ( ) Delete  
Name: BENNETT, DONNA  
Address: 3918 JEROME ROAD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: VP ( ) Delete  
Name: ASHLEY, PRUDENCE  
Address: 9460 WATERFORD OAKS DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VP ( ) Delete  
Name: HAMMERBERG, SHARON  
Address: 905 W PEARL STREET  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: HAMMERBERG, SHARON  
Address: 1001 OLIVE STREET  
City-St-Zip: FLORENCE, AL 35630 US

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: SHARON HAMMERBERG

VP

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date