

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 482996

1. Entity Name

MUTUAL TRUST & INVESTMENT CORPORATION



Principal Place of Business

3341 SOUTHWEST 40TH AVENUE
HOLLYWOOD FL 33023

Mailing Address

3341 SOUTHWEST 40TH AVENUE
HOLLYWOOD FL 33023



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANUEL, GUY M
3341 SOUTH WEST 40TH AVENUE
HOLLYWOOD FL 33023

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

Signature, typed or printed name of registered agent and date, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CANUEL, GUY M
STREET ADDRESS 3341 SOUTHWEST 40TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VST
NAME CANUEL, LAURA B
STREET ADDRESS 3341 SOUTHWEST 40TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GUY M. CANUEL PRES. 4/02/08 954-989-3712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.S.

(Type no. Phone #)