


FILED
Apr 28, 2008 8:00 am
Secretary of State

<h1>DOCUMENT # 725994</h1>			
1. Entity Name MAYFLOWER RETIREMENT CENTER, INC.			
Principal Place of Business 1620 MAYFLOWER CT. WINTER PARK, FL 32792		Mailing Address 1620 MAYFLOWER CT. WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent			
MCGUFFIN, DAVID 1620 MAYFLOWER CT. WINTER PARK, FL 32792			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	CEOP	<input type="checkbox"/> Delete	
NAME	MCGUFFIN, DAVID		
STREET ADDRESS	895 WILLOW RUN LANE		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	WALDEN, ROYCE		
STREET ADDRESS	3470 DOMI FITZ CT		
CITY-ST-ZIP	ORLANDO, FL 32805		
TITLE	S	<input type="checkbox"/> Delete	
NAME	BOYETT, DONNA		
STREET ADDRESS	2647 FALMOUTH ROAD		
CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	1VCD	<input checked="" type="checkbox"/> Delete	
NAME	SANDQUIST, DIANE		
STREET ADDRESS	1390 AUGUSTA NATIONAL BLVD.		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	C	<input type="checkbox"/> Delete	
NAME	WISLER, WILLARD		
STREET ADDRESS	665 BALMORAL RD		
CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			