2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# 812531

Entity Name: MAYFAIR ARMS INC

Current Principal Place of Business:

1790 E. LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1790 E. LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-6065967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIMER, LARRY W PRES
1790 E LAS OLAS BLVD #34
FT. LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	SACCHI, LONNIE	
Address:	111 WOODSIDE ROAD	
City-St-Zip:	RIVERSIDE, IL 60546	
Title:	V	(X) Delete
Name:	CADLEY, CHRIS	
Address:	1790 E LAS OLAS BLVD #31	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	P	( ) Delete
Name:	REIMER, LARRY W	
Address:	1790 E. LAS OLAS BLVD #34	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	KOKSU, AMY E	
Address:	1790 E LAS OLAS BLVD #23	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	DESTEFANO, RICHARD SR	
Address:	14-51 164 ST	
City-St-Zip:	WHITESTONE, NY 11357	

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:	( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE R. SACCHI T 04/02/2008

Electronic Signature of Signing Officer or Director — Date