

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 036 \*\*\*150.00

<b>DOCUMENT # K71601</b> 1. Entity Name <b>MUTUAL TRUST ASSET MANAGEMENT, INC.</b>					
Principal Place of Business <b>2963 GULF TO BAY BLVD #120</b> <b>CLEARWATER, FL 33759 US</b>			Mailing Address <b>2963 GULF TO BAY BLVD #120</b> <b>CLEARWATER, FL 33759 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>#330</b>			3. Mailing Address Suite/Apt. #, etc. <b>#330</b>		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2953600</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BANDES, JED E.</b> <b>2963 GULF TO BAY BLVD.</b> <b>SUITE 120</b> <b>CLEARWATER, FL 33759</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <b>#330 (Suite 330)</b> City <b>FL</b> 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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/14/08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BANDES, JED E. 2963 GULF TO BAY BLVD #120 CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR BANDES, JED E. 2963 GULF TO BAY BLVD #120 CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> DATE <u>4/14/08</u> Daytime Phone # <u>727-799-9922</u>		

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59-2953600

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

Name

Street Address (P.O. Box Numbers Not Acceptable)

#330 (Suite 330)

City

FL Zip Code

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SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE 4/14/08

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2963 GULF TO BAY BLVD #120

CLEARWATER, FL 33759

☐ Delete

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DTR

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