

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90055 041 \*\*\*150.00

<b>DOCUMENT # M99445</b> 1. Entity Name <b>MAYFIELD RETIREMENT CENTER, INC.</b>			
Principal Place of Business <b>C/O CHARLOTTE MAYFIELD</b> <b>460 NEWELL HILL RD.</b> <b>LEESBURG, FL 34748</b>		Mailing Address <b>C/O CHARLOTTE MAYFIELD</b> <b>460 NEWELL HILL RD.</b> <b>LEESBURG, FL 34748</b>	
2. Principal Place of Business - No P.O. Box # <b>460 CINDY FRICKE</b> Suite, Apt. #, etc. <b>460 NEWELL HILL RD</b> City & State <b>LEESBURG, FL</b> Zip <b>34748</b>		3. Mailing Address <b>460 CINDY FRICKE</b> Suite, Apt. #, etc. <b>460 NEWELL HILL RD</b> City & State <b>LEESBURG, FL</b> Zip <b>34748</b>	
4. FEI Number <b>59-2933328</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAYFIELD, CHARLOTTE</b> <b>406 NEWELL HILL ROAD</b> <b>LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent Name <b>CINDY FRICKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>460 NEWELL HILL ROAD</b> City <b>LEESBURG</b> FL Zip Code <b>34748</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, CHARLOTTE 406 NEWELL HILL RD. LEESBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICKE, CINDY 460 NEWELL HILL RD LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CINDY FRICKE 460 NEWELL HILL RD LEESBURG FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Cynthia A. Fricke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/15/08</u> <small>Date Daytime Phone #</small>	