
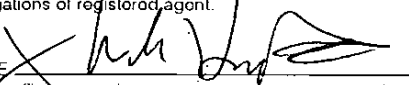


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 017 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N01425 | |  | |
| 1. Entity Name YE MYSTIC REVELLERS, INC. | | | |
| Principal Place of Business 5531-B ROOSEVELT BLVD. JACKSONVILLE FL 32244 | | Mailing Address P.O. BOX 14789 JACKSONVILLE FL 32238 | |
| 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 |
| 4. FEI Number 59-2373822 | | 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 HAMPTON, WADE MCK ESQ 10110 SAN JOSE BLVD JACKSONVILLE FL 32257 | | 7. Name and Address of New Registered Agent 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:  DATE: 4/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | DP HUDMAN, STANTON W 4766 WAVERLY LANE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | DP Martin, George E. Jr. 4227 Demedici Avenue Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DVP MARTIN, GEORGE E JR 4227 DEMEDICI AVENUE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | DVP Hampton, Wade McK. 4411 Milam Road Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DVP HAMPTON, WADE MCK. 4411 MILAM ROAD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | DVP Weldon, Alan D. DVM 3750 Riverside Avenue Jacksonville FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DVP WELDON, ALAN D DVM 3750 RIVERSIDE AVENUE JACKSONVILLE FL 32205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | DVP KEVIN E. GREENE 4427 Chippewa Drive Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DT GREENS, KEVIN E 4427 CHIPPEWA DRIVE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | DT William W. Allen, IV 4405 Chippewa Drive Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D ALLEN, WILLIAM W IV 4405 CHIPPEWA DRIVE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | D J. Thompson Taylor 4301 Verona Avenue Jacksonville FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  DATE: **4/7/07** DAYTIME PHONE # **904/384-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR