

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011077

Entity Name: MISSION 5:17, INC.

FILED  
Feb 28, 2004  
Secretary of State

**Current Principal Place of Business:**

3955 COVERLY CT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3955 COVERLY CT.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-0776674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIHLEN & SILLS, P.A.  
1173 SPRING CENTRE SOUTH BLVD., STE. C  
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete  
Name: CROFTON, MATTHEW T  
Address: 3955 COVERLY CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: CROFTON, WILLIAM L  
Address: 3955 COVERLY CT.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: MATTHEW CROFTON

D

02/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date