

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012438

FILED
Mar 28, 2008
Secretary of State

Entity Name: MYSTERY FLORIDA, INC.

Current Principal Place of Business:

1301 LAKE SYBELIA DR.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 940158
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 57-1227073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, TERRELL
28 EAST WASHINGTON STREET
ORLANDO, FL 32801 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: PRES () Delete
Name: BROWN, DUDLEY
Address: 7136 ASLAND GLEN
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: MCBRIDE, DEMETRA
Address: 1633 STARLING DRIVE.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: GRAY, PATRICK
Address: 2935 BRAVURA LAKE DR
City-St-Zip: SARASOTA, FL 34240

Title: VP () Delete
Name: ROAT, PAUL
Address: 1315 38TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: SCTY () Delete
Name: GRIFFIN, H. TERRELL
Address: 1301 N. LAKE SYBELIA DRIVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: H. TERRELL GRIFFIN

SCTY

03/28/2008

Electronic Signature of Signing Officer or Director

Date