

2007

CORPORATION ANNUAL REPORT

DOCUMENT # N09000006243

1. Entity Name
MASTIFF, INC.

FILED

07 MAY 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
908 67TH STREET COURT EAST
BRADENTON, FL 34208Mailing Address
908 67TH STREET COURT EAST
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

APPLIED FOR 204614469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEATON, KAREN S
2816 BEACH BLVD
ST PETERSBURG, FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN-DYMOND, CATHY	
STREET ADDRESS	908 67TH STREET COURT EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500103727095
05/01/07--01009--003 **150.00

TITLE	D	<input type="checkbox"/> Delete
NAME	DYMOND, RICHARD	
STREET ADDRESS	908 67TH STREET COURT EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	AMICK, DON	
STREET ADDRESS	8400 VAMO ROAD	
CITY-ST-ZIP	SARASOTA, FL 34231	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #