


2008 CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N09000006243

1. Entity Name
MASTIFF, INC.



Principal Place of Business 908 67TH STREET COURT EAST BRADENTON, FL 34208	Mailing Address 908 67TH STREET COURT EAST BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4614469	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

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

DO NOT WRITE IN THIS SPACE

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000921707
 05/15/08-80017-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN-DYMOND, CATHY 908 67TH STREET COURT EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYMOND, RICHARD 908 67TH STREET COURT EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMICK, DON 8400 VAMO ROAD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Cathy Jordan Dymond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____