

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040561

Entity Name: MAMIE ENTERPRISES, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

105 CASEY KEY ROAD  
NOKOMIS, FL 34275

## New Principal Place of Business:

902 WEST ALBEE ROAD  
NOKOMIS, FL 34275

## Current Mailing Address:

P.O. BOX 2149  
NOKOMIS, FL 342742149

## New Mailing Address:

FEI Number: 59-3640740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAHN, LORRAINE F MS.  
3000 NATIONSBANK PLAZA  
400 NORTH ASHLEY DRIVE  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

LOWE, LYNDON J MR.  
C/O MONARCH TOURS, INC.  
902 WEST ALBEE ROAD  
NOKOMIS, FL 34275 US

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: LYNDON J LOWE

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOWE, LYNDON J  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

Title: D ( ) Delete  
Name: SNYDER, GREGORY C  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

Title: D ( ) Delete  
Name: LOWE, LLOYD J  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: LOWE, LYNDON J  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

Title: D/V/P (X) Change ( ) Addition  
Name: SNYDER, GREGORY C  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

Title: D/S (X) Change ( ) Addition  
Name: LOWE, LLOYD J  
Address: PO BOX 2149  
City-St-Zip: NOKOMIS, FL 342742149

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDON J LOWE

MR.

04/29/2005

Electronic Signature of Signing Officer or Director

Date