

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 APR 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044182

1. Entity Name
MAMMOTH EFFECTS, INC.



Principal Place of Business

327 OFFICE PLAZA DRIVE
206
TALLAHASSEE, FL 32301-2785 US

Mailing Address

1350 E-4 MAHAN DRIVE
#235
TALLAHASSEE, FL 32308 US



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0431159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCE, BELINDA T ESQ.
703 E. TENNESSEE STREET
TALLAHASSEE, FL 32308

LEONARD BOWEN
1650 SUMMIT LAKE DR.
SUITE E
TALLAHASSEE FL 32317

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IN THIS SPACE

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

LEONARD BOWEN

4/18/2005

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOWEN, LEONARD A
STREET ADDRESS 927 OFFICE PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 323012785

1650 SUMMIT LAKE DR.
SUITE E

TITLE V/S
NAME SCHIMPF, SCOTT A
STREET ADDRESS 327 OFFICE PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 323012785

1650 SUMMIT LAKE DR.
SUITE E

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100051348941
04/20/05--01008--006 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2005 850 219 5780