

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 11:26

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

2. Principal Place of Business  
1650 SUMMIT LAKE DRIVE

3. Mailing Address  
1650 SUMMIT LAKE DRIVE

Suite, Apt. #, etc.  
SUITE 101E

Suite, Apt. #, etc.  
SUITE 101E

City & State  
TALLAHASSEE FL

City & State  
TALLAHASSEE FL

Zip  
32317

Country  
USA

Zip  
32317

Country  
USA



95012006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. 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 11

TITLE P ☐ Delete  
NAME BOWEN, LEONARD A  
STREET ADDRESS 1650 SUMMIT LAKE DR SUITE E  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500075024255  
CITY-ST-ZIP 05/22/06--01026--021 \*\*150.00

TITLE VS ☐ Delete  
NAME SCHIMPF, SCOTT A  
STREET ADDRESS 1650 SUMMIT LAKE DR SUITE E  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 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

5/1/2006

8502195710