

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000044182

Entity Name: MAMMOTH EFFECTS, INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2473 CARE DRIVE  
SUITE 1  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13267  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 03-0431159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWEN, LEONARD  
1746 AUGUSTINE PLACE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOWEN, LEONARD A  
Address: 1746 AUGUSTINE PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VS  
Name: SCHIMPF, SCOTT A  
Address: P.O. BOX 13267  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

SIGNATURE: LEONARD BOWEN

P

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date