

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-17-2004 90006 036 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000080638

1. Entity Name
MAMOTY, INC.



Principal Place of Business
**3999 PHILS COURT
TUCKER, GA 30084**

Mailing Address
**3999 PHILS COURT
TUCKER, GA 30084**

66421000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

01-0738307

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEXISNEXIS DOCUMENT SOLUTIONS INC
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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, 2004 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	ALEXANDER, VINCENT	
STREET ADDRESS	3979 PHILS CT	
CITY- ST- ZIP	TUCKER, GA 30084	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

*To Whom, It may concern,
Please contact me if my
ID number is no correct.
Thank you,
Vincent Alexander
mamoty
678464342 Phone #*

P02-80638

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required to be changed, or on an attachment with an address, with all other like empowered.

Signature
Director
ck 11 if

SIGNATURE

Vincent T. Alexander

Vincent T. Alexander

6/7/04 (678464342)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #