


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 048 ***150.00

DOCUMENT # P03000046856			
1. Entity Name MAHOOT, INC.			
Principal Place of Business 225 EAST LEMON STREET SUITE 351 LAKELAND, FL 33801		Mailing Address POST OFFICE BOX 2808 LAKELAND, FL 33806	
2. Principal Place of Business - No P.O. Box # 336 W. HIGHLAND DRIVE Suite, Apt. #, etc. SUITE 4 City & State LAKELAND, FLORIDA Zip 33813 Country POLK		3. Mailing Address 336 W. HIGHLAND DRIVE Suite, Apt. #, etc. SUITE 4 City & State LAKELAND, FLORIDA Zip 33813 Country POLK	
6. Name and Address of Current Registered Agent WENDEL, JOHN F % WENDEL & CHRITTON, CHARTERED 225 EAST LEMON STREET, SUITE 351 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name WENDEL, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 336 W. HIGHLAND DRIVE SUITE 4 City LAKELAND, FL Zip Code 33813	
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 <u><i>John F. Wendel</i></u> DATE <u><i>4/22/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR WENDEL, STEPHEN F 225 EAST LEMON STREET LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR WENDEL STEPHEN, F. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>John F. Wendel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN F. WENDEL		DATE <u><i>4/22/08</i></u> Daytime Phone #	