

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 011 ***150.00

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DOCUMENT # P04000047293 1. Entity Name MAYFLOWER SIX APTS., INC.					
Principal Place of Business 650 SW BRIDGEPORT DR. PT. ST. LUCIE, FL 34953			Mailing Address 650 SW BRIDGEPORT DR. PT. ST. LUCIE, FL 34953		
2. Principal Place of Business 3041 SW BOXWOOD CIRCLE		3. Mailing Address 3209 SW Port St. Lucie Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. PMB 156		01102005 Chg-P CR2E034 (10/03)	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 20-0863425	
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGONA, CLAUDIO 650 SW BRIDGEPORT DR. PT. ST. LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Begona, Claudio Street Address (P.O. Box Number is Not Acceptable) 3041 SW Boxwood Circle City Port St. Lucie FL Zip Code 34953		
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 DATE 1/11/05 <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, 2005 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	P,S BEGONA, CLAUDIO 650 SW BRIDGEPORT DR. PT. ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T BEGONA, KATHERINE A 650 SW BRIDGEPORT DR. PT. ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: DATE 1/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					