

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065526

Entity Name: MYSTIC SPIRIT, INC.

FILED  
Mar 13, 2005  
Secretary of State

## Current Principal Place of Business:

505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## New Principal Place of Business:

45637 US HWY 27  
DAVENPORT, FL 33897 US

## Current Mailing Address:

505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## New Mailing Address:

45637 US HWY 27  
DAVENPORT, FL 33897 US

FEI Number: 20-1499302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOVONI, HARDING & ASSOCIATES, INC.  
505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

RAYNOR, HELEN E MRS  
45637 US HWY 27  
DAVENPORT, FL 33897 US

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: HELEN RAYNOR

03/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAYNOR, JAMES  
Address: 18 MONKS CRESCENT  
City-St-Zip: LEICESTER, UK LE4 2WA UK

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: RAYNOR, JAMES J MR  
Address: 45637 US HWY 27  
City-St-Zip: DAVENPORT, FL 33897 US

Title: PRES ( ) Change (X) Addition  
Name: RAYNOR, HELEN E MRS  
Address: 45637 US HWY 27  
City-St-Zip: DAVENPORT, FL 33897 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES RAYNOR

VP

03/13/2005

Electronic Signature of Signing Officer or Director

Date