## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000089964

56 BAY LANE

MASCOTTE, FL 34753

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Name: MANSFIELD FAMILY ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
56 BAY LA MASCOTT	NE ΓΕ, FL 34753				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
56 BAY LA MASCOTT	NE ΓΕ, FL 34753				
FEI Number	: 20-3087882	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	MANSFIELD, WILLIAM			WEINGART, ROSE ANN	
56 BAY LANE MASCOTTE, FL 34753 US		56 BAY LANE MASCOTTE, FL 34753	MASCOTTE, FL 34753 US		
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: ROSE AI	NN WEINGART		04/29/2008	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( PRITCHETT, JI 2708 EAST JE ORLANDO, FL	RSEY STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MANSFIELD, C 56 BAY LANE MASCOTTE, F		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MANSFIELD, V 56 BAY LANE MASCOTTE, F		Title: D (; Name: WEINGART, F Address: 56 BAY LANE City-St-Zip: MASCOTTE, F		
Title: Name:	D (X WEINGART, R	i) Delete OSEAN	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROSE ANN WEINGART 04/29/2008 D