

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147730

Entity Name: FLORIDA MUTUAL, INC.

FILED  
Aug 22, 2007  
Secretary of State

## Current Principal Place of Business:

800 NORTH FERNCREEK AVENUE  
ORLANDO, FL 32803

## New Principal Place of Business:

555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751 US

## Current Mailing Address:

800 NORTH FERNCREEK AVENUE  
ORLANDO, FL 32803

## New Mailing Address:

555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751 US

FEI Number: 20-5950868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, JOHN G  
800 NORTH FERNCREEK AVENUE  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAFDARI, MANSOUR  
Address: 13724 AMELIA POND DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: SD ( ) Delete  
Name: COHEN, MURRAY R  
Address: 5827 PADGETT CIRCLE  
City-St-Zip: ORLANDO, FL 32839 US

Title: T, D ( ) Delete  
Name: SAFDARI, MEHRDAD  
Address: 13730 AMELIA POND DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP ( ) Delete  
Name: MILLER, PATRICK  
Address: 800 NORTH FERNCREEK AVE  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MANSOUR SAFDARI

PD

08/22/2007

Electronic Signature of Signing Officer or Director

Date