


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90043 005 ***150.00

DOCUMENT # P95000010876		
1. Entity Name MAYFLOWER PROPERTY CORPORATION		

Principal Place of Business 4001 TAMIAMI TRAIL NORTH #250 NAPLES, FL 34103	Mailing Address 4001 TAMIAMI TRAIL NORTH #250 NAPLES, FL 34103
--	--

2. Principal Place of Business - No P.O. Box # 4001 Tamiami Trail North	3. Mailing Address 4001 Tamiami Trail North
---	---

Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
------------------------------------	------------------------------------

City & State Naples, FL	City & State Naples, FL
-----------------------------------	-----------------------------------

Zip 34103	Country	Zip 34103	Country
---------------------	---------	---------------------	---------

6. Name and Address of Current Registered Agent	
---	--

BURKE, WILLIAM M C/O GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAMI TRAIL NORTH, #300 NAPLES, FL 34103	
--	--

40006322

01042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0555158	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
---	--

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 William M. Burke	DATE 1/15/08
William M. Burke, Registered Agent	

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
----------------------------	---

<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SEXTON, DAVID N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 336</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34106</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SEXTON, DAVID N		STREET ADDRESS	P.O. BOX 336		CITY-ST-ZIP	NAPLES, FL 34106		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SEXTON, DAVID N																								
STREET ADDRESS	P.O. BOX 336																								
CITY-ST-ZIP	NAPLES, FL 34106																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GSTOEHL, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MITTELDOF 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FL-9490, VA</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	GSTOEHL, MARTIN		STREET ADDRESS	MITTELDOF 1		CITY-ST-ZIP	FL-9490, VA		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	GSTOEHL, MARTIN																								
STREET ADDRESS	MITTELDOF 1																								
CITY-ST-ZIP	FL-9490, VA																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FEICHTINGER, MICHAEL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MITTELDOF 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FL-9490, VA</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	FEICHTINGER, MICHAEL E		STREET ADDRESS	MITTELDOF 1		CITY-ST-ZIP	FL-9490, VA		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	FEICHTINGER, MICHAEL E																								
STREET ADDRESS	MITTELDOF 1																								
CITY-ST-ZIP	FL-9490, VA																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURKE, WILLIAM M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4001 TAMIAMI TRL NO STE 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	BURKE, WILLIAM M		STREET ADDRESS	4001 TAMIAMI TRL NO STE 300		CITY-ST-ZIP	NAPLES, FL 34103		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	BURKE, WILLIAM M																								
STREET ADDRESS	4001 TAMIAMI TRL NO STE 300																								
CITY-ST-ZIP	NAPLES, FL 34103																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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 or without other like empowered.	
SIGNATURE: William M. Burke William M. Burke, Vice President	1/15/08 (239) 435-3535 Date Daytime Phone