2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P95000010876

Entity Name: MAYFLOWER PROPERTY CORPORATION

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH
#300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH
#300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0555158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

BURKE, WILLIAM M
C/O GOODLETTE, COLEMAN, JOHNSON, YOVANOVIC
4001 TAMIAMI TRAIL NORTH, #300
NAPLES, FL 34103 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: 01/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SEXTON, DAVID N
Address: P.O. BOX 336
City-St-Zip: NAPLES, FL 34106

Title: D ( ) Delete
Name: GSTOEHL, MARTIN
Address: MITTELDOF 1
City-St-Zip: FL-9490, VA

Title: D ( ) Delete
Name: FEICHTINGER, MICHAEL E
Address: MITTELDOF 1
City-St-Zip: FL-9490, VA

Title: VP ( ) Delete
Name: BURKE, WILLIAM M
Address: 4001 TAMIAMI TRL NO STE 300
City-St-Zip: NAPLES, FL 34103

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: WILLIAM M. BURKE VP 01/12/2009
Electronic Signature of Signing Officer or Director — Date