## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000057862** 1. Entity Name

Principal Place of Business

12239 W. LINEBAUGH AVE TAMPA, FL 33626

MANDALAY MARKETING, INC.

Mailing Address

10005 SEYMOUR WAY TAMPA, FL 33626

## **FILED** Apr 04, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3327784

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORSMANS, MIKAEL 10005 SEYMOUR WAY TAMPA, FL 33626

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.                                      | urpose of chariging its registered diffice of registered agent, or early | i, iii the State of Florida. Familianina with, and decorpt |
|---|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and little | applicable. (NOTE: Registered Agent signature required when renstating)  | DATE<br>LIGHTON ON THE                                     |
| FILE NOWIII FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00     | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.    | 04/15/08-80081-023 150.00                                  |

| 10.                                   | OFFICERS AND DIRECTORS  |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>FORSMANS, MIKAEL<br>10005 SEYMOUR WAY<br>TAMPA, FL 33626 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ·   |

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilox