

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000766

Entity Name: MENDER ASSOCIATES, INC.

FILED
Jun 15, 2005
Secretary of State

Current Principal Place of Business:

4443 BAYWOOD DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

4443 BAYWOOD DR
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3487389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDER, THOMAS
4443 BAYWOOD DR
LYNN HAVEN, FL 32444 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MENDER, JOHN
Address: 4522 SCHOONER LN
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: MENDER, DONNA
Address: 4522 SCHOENER LN
City-St-Zip: LYNN HAVEN, FL 32444

Title: P () Delete
Name: MENDER, THOMAS
Address: 4443 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: MENDER, ANITA
Address: 4443 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS MENDER

P

06/15/2005

Electronic Signature of Signing Officer or Director

Date