

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000105700

1. Entity Name
MINT MAGAZINE, INC.



Principal Place of Business
**6960 BONNEVAL RD.
102
JACKSONVILLE, FL 32216**

Mailing Address
**6960 BONNEVAL RD.
102
JACKSONVILLE, FL 32216**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000859289
04/02/08-80017-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLYNN, BRIAN D
STREET ADDRESS	13835 TORTUGA POINT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	HEALEY, JAMES M
STREET ADDRESS	1301 SOUTH 1ST STREET #301
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	MCCAFFREY, BRIAN E
STREET ADDRESS	3813 SALTMEADOW CT. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
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

Date

Daytime Phone #

3/11/08

904 281 8800