

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

DOCUMENT # P99000029502

1. Entity Name

MAYFLOWER INVESTMENTS, INC.



Principal Place of Business

4815 KENSINGTON CIR  
CORAL SPRINGS, FL 33076

Mailing Address

4815 KENSINGTON CIR  
CORAL SPRINGS, FL 33076



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0906718

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOTTATHIL, ANTONY  
4851 KENSINGTON CIRCLE  
CORAL SPRINGS, FL 33076

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

000000508438  
04/28/06-80005-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME THOTTATHIL, ANTONY  
STREET ADDRESS 4851 KENSINGTON CIRCLE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE D  
NAME THOTTATHIL, LISA V  
STREET ADDRESS 4851 KENSINGTON CIRCLE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

ANTHONY THOTTATHIL 4/7/06 9545793743