2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000032520

1. Entity Name
MAVIS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2880 N.E. 9TH ST. POMPANO BEACH, FL 33062	2880 N.E. 9TH ST. POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

FILED

08 SEP 25 PH 1: 54

_ _ _ _ _ OF STATE
TALLAHASSEE, FLORIDA

09192008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0924242	Not Applicable

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

6. Name and Address of Current Registered Agent

HUTH, ROBERT A JR.,PL
2300 GLADES ROAD
SUITE 260-W
BOCA RATON, FL 33431

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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 $550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	MAVIS, RICHARD
STREET ADDRESS	2880 N.E. 9TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	DST
NAME	MAVIS, ELLIS
STREET ADDRESS	2880 N.E. 9TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
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	

7001363389997
09/25/08--01040--006 **$550.00

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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: _____   9-22-08   586-557-3064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #