

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90206 047 \*\*\*158.75

DOCUMENT # P99000042539

1. Entity Name

MAYNE INVESTMENTS, INC.



Principal Place of Business

270 MALABAR RD.  
PALM BAY FL 32907

Mailing Address

P.O. BOX 500790  
MALABAR FL 32950



2. Principal Place of Business - No P.O. Box #

270 Malabar Rd. SW

3. Mailing Address

270 Malabar Rd. SW

Suite, Apt. #, etc.

Palm Bay, FL

Suite, Apt. #, etc.

Palm Bay, FL

City & State

32907

City & State

32907

Zip

Country

USA

Zip

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3579448

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DIANE A  
2710 ROCKY POINT ROAD  
MALABAR FL 32950

7. Name and Address of New Registered Agent

Name

Diane A. Adams

Street Address (P.O. Box Number is Not Acceptable)

1701 Brookshire Circle

West Melbourne,

City

FL

FL

Zip Code

32904

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

*Diane A. Adams*

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

(NOTE: Registered Agent signature required when reinstating)

4/16/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ADAMS, DOROTHY C  
STREET ADDRESS 2710 ROCKY POINT ROAD  
CITY-ST-ZIP MALABAR FL 32950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Dorothy C. Adams  
STREET ADDRESS 814 September Ave.  
CITY-ST-ZIP Palm Bay, FL 32907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dorothy C. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

DATE

321-722-3652

Daytime Phone #