

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 038 ***150.00

DOCUMENT # 264928

1. Entity Name

MUTUAL LAND COMPANY INC



Principal Place of Business

**2272 BOYD RD
PERRY FL 32347**

Mailing Address

**2272 BOYD RD
PERRY FL 32347**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1009981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUGHRIDGE, JOHN E.
2220 BOYD RD
PERRY FL 32347**

Name

Memorie L. Loughridge

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

2220 Boyd Rd.

Perry, FL 32347

City

Perry

FL

Zip Code
32347

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

Memorie L. Loughridge

Memorie L. Loughridge Sec-Tres. Dir

3/7/2005

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LOUGHRIDGE, GLENN E**
STREET ADDRESS **1866 BEVERLY CIR**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VP D** ☐ Change ☒ Addition
NAME **Kerr, Ann L.**
STREET ADDRESS **2917 West Hawthorne Rd.**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE **V** ☐ Delete
NAME **LOUGHRIDGE, THOMAS E**
STREET ADDRESS **1866 BEVERLY CIR.**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **TSO** ☐ Delete
NAME **LOUGHRIDGE, MEMORIE L.**
STREET ADDRESS **2220 BOYD RD**
CITY-ST-ZIP **PERRY FL**

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

TITLE **DV** ☒ Delete
NAME **LOUGHRIDGE, JOHN E.**
STREET ADDRESS **2220 BOYD RD**
CITY-ST-ZIP **PERRY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 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:

Memorie L. Loughridge **Memorie L. Loughridge**

3/7/05

850-584-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #