

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1009981	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOUGHRIDGE, MEMORIE L 2220 BOYD RD PERRY FL 32347		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		TITLE		☐ Change ☐ Add	
NAME	LOUGHRIDGE, GLENN E			NAME			
STREET ADDRESS	1866 BEVERLY CIR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	LOUGHRIDGE, THOMAS E			NAME			
STREET ADDRESS	1866 BEVERLY CIR.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP			
TITLE	TSO	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	LOUGHRIDGE, MEMORIE L.			NAME			
STREET ADDRESS	2220 BOYD RD			STREET ADDRESS			
CITY-ST-ZIP	PERRY FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Memorie L. Loughridge 1/23/06 850-584-6667