

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 031 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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, 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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Director ☒ Change ☐ Addition
NAME Glenn E. Loughridge
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE President ☐ Change ☐ Addition
NAME Thomas E. Loughridge
STREET ADDRESS
CITY-STATE-ZIP

TITLE TSD
NAME LOUGHRIDGE, MEMORIE L. ☐ Delete
STREET ADDRESS 2220 BOYD RD
CITY-STATE-ZIP PERRY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Director ☐ Change ☒ Addition
NAME ANN LOUGHRIDGE KERR
STREET ADDRESS 2817 WILLOWHURNE RD
CITY-STATE-ZIP TAMPA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Memorie L. Loughridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/07 850-584-6667