

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90017 030 \*\*\*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 (10/07)

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

LOUGHRIDGE, MEMORIE L  
2220 BOYD RD  
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

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

3020 Hawks Landing Dr.

City

Tallahassee

FL

Zip Code  
32309

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, 2008 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 LOUGHRIDGE, GLENN E  
STREET ADDRESS 1866 BEVERLY CIR  
CITY-ST-ZIP CLEARWATER FL 33764

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

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

TITLE D ☐ Delete  
NAME KERR LOUGHRIDGE, ANN  
STREET ADDRESS 2817 WITTAWTHARNE RD  
CITY-ST-ZIP TAMPA FL

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1860 Beverly Circle  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1860 Beverly Circle  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3020 Hawks Landing Dr.  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2817 W. Newthorne Rd  
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:

Memorie L. Loughridge  
Memorie L. Loughridge 2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-584-6667