

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 044 ***150.00

DOCUMENT # 289544

1. Entity Name
EHLER DEVELOPMENT COMPANY, INC.



Principal Place of Business

**LAKE HARRIS DRIVE
PO BOX 1274
TAVARES, FL 32778**

Mailing Address

**LAKE HARRIS DRIVE
PO BOX 1274
TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1146353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STONE, LEWIS W.
4850 N. HIGHWAY 19A
MT. DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EHLER, HOWARD <i>DECEASED 1-12-04</i>
STREET ADDRESS	LAKE HARRIS DRIVE
CITY-ST-ZIP	TAVARES, FL
TITLE	S
NAME	MEDFORD, JEAN
STREET ADDRESS	683 GW 62ND STREET <i>14338 TAMBOURINE DR</i>
CITY-ST-ZIP	CAPE CORAL FL <i>ORLANDO FL 32897</i>
TITLE	VD
NAME	ANDERSON, GRACE
STREET ADDRESS	10534 HOLLOWAY DR.
CITY-ST-ZIP	LEESBURG, FL <i>34788</i>
TITLE	<i>SEC/TREAS</i>
NAME	<i>EHLER, JOANNE</i>
STREET ADDRESS	<i>230 FERN AVE - P.O. BOX 1274</i>
CITY-ST-ZIP	<i>TAVARES, FL 32778-1274</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

JOANNE EHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Ehler

4/13/04

Date

352-343-4472

Daytime Phone #