

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 24, 2005 08:00 AM
Secretary of State

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



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1146353

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

Applied For
Not Applicable

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MEDFORD, JEAN
STREET ADDRESS	14338 TAMBOURINE DR
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	VD
NAME	ANDERSON, GRACE
STREET ADDRESS	10534 HOLLOWAY DR.
CITY - ST - ZIP	LEESBURG, FL 34788
TITLE	ST
NAME	EHLER, JOANNE
STREET ADDRESS	230 FERN AVE-P.O. BOX 1274
CITY - ST - ZIP	TAVARES, FL 327781274
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/24/05-80026-003 150.00

**DO NOT WRITE
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)(j), 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 **JOANNE EHLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/05

Daytime Phone #

352-349-4472