

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 289544

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** EHLER DEVELOPMENT COMPANY, INC.

**Current Principal Place of Business:**

1600 DEAD RIVER RD.  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

LAKE HARRIS DRIVE  
PO BOX 1274  
TAVARES, FL 32778

**New Mailing Address:**

1600 DEAD RIVER RD.  
P.O. BOX 1274  
TAVARES, FL 32778

**FEI Number:** 59-1146353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MEDFORD, JEAN  
Address: 14338 TAMBOURINE DR  
City-St-Zip: ORLANDO, FL 32837

Title: PD  
Name: TRUST, ANDERSON HOLLOWAY GRACE  
Address: P.O. BOX 895008  
City-St-Zip: LEEsburg, FL 34789

Title: ST  
Name: EHLER, JOANNE  
Address: 230 FERN AVE-P.O. BOX 1274  
City-St-Zip: TAVARES, FL 327781274

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE P. EHLER

SEC.

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date