

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 455312

1. Entity Name
MOHAWK MANUFACTURING COMPANY



Principal Place of Business
963 NORTH CR 427
LONGWOOD, FL 32750 US

Mailing Address
963 NORTH CR 427
LONGWOOD, FL 32750 US



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1538300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEIDIGH, DARRELL
336 W LAKEVIEW AVENUE
LAKE MARY, FL 32746

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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 PD
NAME LEIDIGH, DARRELL
STREET ADDRESS 336 W LAKEVIEW AVENUE
CITY-ST-ZIP LAKE MARY, FL

TITLE SD
NAME LEIDIGH, BETTYE
STREET ADDRESS 336 W LAKEVIEW AVENUE
CITY-ST-ZIP LAKE MARY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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03/07/05-80006-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bettye S. Leidigh 3-405 407-834-3233