

2005 FOR PROFIT CORPORATIO ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 500751

1. Entity Name

MATHERS ENTERPRISES OF LAKE LAND, INC.



Principal Place of Business

323 LAKESHORE CT.
POLK CITY, FL 33868 US

Mailing Address

P.O. BOX 916
POLK CITY, FL 33868 US



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1666073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHERS, DONNA
323 LAKESHORE CT.
POLK CITY, FL 33868

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

U00000327822
04/25/05-80053-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATHERS, MICHAEL W 323 LAKESHORE CT. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MATHERS, DONNA 323 LAKESHORE CT. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATHERS, MICHAEL B 4220 VINSON RD. LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec/treas

4-20-05 (863) 984-4190