ANNUAL REPORT

DOCUMENT # 500751

1. Entity Name
MATHERS ENTERPRISES OF LAKELAND, INC.

FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
323 LAKESHORE CT. POLK CITY, FL 33868 US	P.O. BOX 916 POLK CITY, FL 33868 US

04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000529786
05/05/06-80091-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MATHERS, MICHAEL W
STREET ADDRESS	323 LAKESHORE CT.
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	ST
NAME	MATHERS, DONNA
STREET ADDRESS	323 LAKESHORE CT.
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	VP
NAME	MATHERS, MICHAEL B
STREET ADDRESS	4220 VINSON RD.
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donna Mathers 4-19-06 863-984-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #