


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 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
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1666073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000306446 05/02/08 00022 020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	MATHERS, MICHAEL W 323 LAKESHORE CT. POLK CITY, FL 33868
TITLE ST	MATHERS, DONNA 323 LAKESHORE CT. POLK CITY, FL 33868
TITLE VP	MATHERS, MICHAEL B 4220 VINSON RD. LAKE LAND, FL 33810
TITLE NAME	
TITLE NAME	
TITLE NAME	

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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: <u>Donna Mathers</u> Donna Mathers 4-16-08 (863)	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

660-1958