

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 007 ***150.00

DOCUMENT # F96000004994

1. Entity Name

COURT MANOR CORPORATION



Principal Place of Business

**1430 W. MEMORIAL BLVD.
LAKELAND FL 33815**

Mailing Address

**1430 W. MEMORIAL BLVD.
LAKELAND FL 33815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1187148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTZ, O.U.

~~625 ADMIRALTY PARADE WEST~~

~~NAPLES FL 34102~~

**5119 LAKE-IN-THE-WOODS BOULEVARD
LAKELAND, FL 33813-2942**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

February 10, 2004.

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, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **MUTZ, OSCAR U**
STREET ADDRESS ~~625 ADMIRALTY PARADE WEST~~ **5119 Lake-in-the**
CITY-ST-ZIP ~~NAPLES FL~~ **Woods Blvd., Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MUTZ, JEAN G**
STREET ADDRESS ~~625 ADMIRALTY PARADE WEST~~ **5119 Lake-in-the**
CITY-ST-ZIP ~~NAPLES FL~~ **Woods Blv., Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

February 10, 2004.

Date

Daytime Phone #