2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004994

COURT MANOR CORPORATION



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1430 W. MEMORIAL BLVD. LAKELAND, FL 33815

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



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN

CR2E034 (11/05) 03202008 No Chg-P

Applied For 4. FEI Number 35-1187148 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MUTZ, O.U. 5119 LAKE-IN-THE-WOODS BLVD. LAKELAND, FL 33813-2942

SIGNATURE:

DO NOT WRITE IN THIS SPACE

APRIL 28, 2008.

(863) 644-4485

Daytime Phone #

the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and little if applications are supplied to the supplied t	ble. (NOTE Registered	Agent signature rec	quired when reinstating)	DATE	-
Fil. After M	E NOW!!! FEE IS \$150.00 9. ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS	3		·		
TITLE NAME STREET ADDRESS CITY ST-ZIP	PTD MUTZ, OSCAR U 5119 LAKE-IN-THE-WOODS BLVD. LAKELAND, FL 33813				U00000936187 05/23/08-80101-016 1	38.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MUTZ, JEAN G 5119 LAKE-IN-THE-WOODS BLVD. LAKELAND, FL 33813					30110
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	E-12					
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·	1	ه المحادث من المحادث الماد		
12. I hereby certify that the information supplied with this filling 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.						

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