

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G44760

1. Entity Name
M OF TALLAHASSEE, INC.



Principal Place of Business
4223 CAPITAL CIR. NW
TALLAHASSEE, FL 32303

Mailing Address
4223 CAPITAL CIR. NW
TALLAHASSEE, FL 32303



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2280870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, BEN H.
3375-A CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32317-0527

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAYFIELD, EMORY L 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHROEDER, LEE 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAYFIELD, CATHY 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000004428
01/15/04-80011-010 150.00

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)(f), 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:

Lee Schroeder 1/9/04 (80)562-1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #