

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # K09831

1. Entity Name
MAINLANDS-LAKES REALTY, INC.



Principal Place of Business
**4501-B MAINLANDS BLVD.
PINELLAS PARK, FL 33782-5629 US**

Mailing Address
**4501-B MAINLANDS BLVD.
PINELLAS PARK, FL 33782-5629 US**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2861852

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUVALL, MARY ANN
4501-B MAINLANDS BLVD
PINELLAS PARK, FL 33782-5629**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000190563
01/24/05-80137-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUVALL, MARY ANN
4501-B MAINLANDS BLVD
PINELLAS PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
DUVALL, MARY ANN
4501B MAINLANDS BLVD
PINELLAS PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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.

MARY ANN DUVALL
SIGNATURE: Mary Ann Duvall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/20/05 727-578-1495
Date Daytime Phone