2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

Daytime Phone #

DOCUMENT # P02000109935 1. Entity Name MOUNT DORA COTTAGES, INC.					Sec	cretary	y of State
Principal Place 1000 W. 11 MT. DORA, F	TH AVE.	Mailing Address P.O. BOX 1549 MOUNT DORA, FL 32756	- -		- 		TUSS (1107) BUILDEN (F USBA)
	OO NOT WRITE I	CE	03252006 4. FEI Numb 81-061		CR2E034	eren inel elmen if leet	
1000 W. 1	8. Name and Address of Current Regi- L, WILLIAM T JR. 1TH AVE. A, FL 32757	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00		d Agent signature required		th, in the State of Fid	orida. I am fam	iliar with, and accept
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP	D MARSHALL, WILLIAM T JR. 1000 W. 11TH AVE. MOUNT DORA, FL 32757	CTORS			U000 05/06/0	00533861 6-80138-	-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W		·
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			-			-	
NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the con	certify that the information supplied with this is on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	iling does not qualify for the exe and accurate and that my signat d to execute this report as riquir if other like empowered.	mptions contained ure shall have the s ed by Chapter 607	in Chapter 119 same legal effec , Florida Statute	t, Florida Statutes. I t as if made under ous; and that my name	further certify to bath; that I am a e appears in Bk	nat the information n officer or director ock 10 or Block 11 if