


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000053512**


1. Entity Name  
**MOHLER PROPERTIES, INC.**



Principal Place of Business  
**6902 SHIMMERROAD  
LAKELAND, FL 33813**

Mailing Address  
**6902 SHIMMERROAD  
LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**91-2197571** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOHLER, MICHAEL C  
5639 SUMMERLAND HILLS AVE  
LAKELAND, FL 33813**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOHLER, MICHAEL C
STREET ADDRESS	5639 SUMMERLAND HILLS AVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 employees.

**SIGNATURE:** *Michael C Mohler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_