


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000053512 1. Entity Name MOHLER PROPERTIES, INC.	
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FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business 6902 SHIMMERROAD LAKELAND, FL 33813	Mailing Address 6902 SHIMMERROAD LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE

05132008	No Chg-P	CR2E034 (11/05)
4. FEI Number 91-2197571	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$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 07/31/08

U00000956793
07/31/08-B0005-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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 empowered.

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

Date _____ Daytime Phone # _____