

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P06000144228 | |
| 1. Entity Name MT. DORA BUSINESS CENTER ASSOCIATION, INC. | |
| Principal Place of Business 9800 US HWY. 441 SUITE 101 LEESBURG, FL 34788 | Mailing Address 9800 US HWY. 441 SUITE 101 LEESBURG, FL 34788 |



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3248997 | 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

FISCHER, NEIL J PRES.
9800 U.S. HIGHWAY 441
SUITE 101
LEESBURG, FL 34788

**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, 2008 Fee will be \$550.00

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

U000000947753
06/02/08-80028-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP FISCHER, NEIL J 9800 US HWY. 441, SUITE 101 LEESBURG, FL 34788 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WATERS, RICHARD P.O. BOX 1070 UMATILLA, FL 32784 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RYAN, JOHN P 171 PAUL MCCLURE COURT CASSELBERRY, FL 32707 |
| 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 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: Richard Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

Daytime Phone #