

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # P95000068325

1. Entity Name

MOUNT DORA TROLLEY, INC.



Principal Place of Business

MOUNT DORA TROLLEY, INC
100 N ALEXANDER ST
MT DORA FL 32757

Mailing Address

MOUNT DORA TROLLEY, INC
2502 GABLES DRIVE
EUSTIS FL 32726



2. Principal Place of Business - No P.O. Box #
100 N. ALEXANDER ST.

3. Mailing Address
2502 Gables Drive

Suite, Apt. #, etc.

Mount Dora

Suite, Apt. #, etc.

Eustis, FL

City & State

FL

City & State

FL

Zip
32757

Country
USA

Zip
32726

Country
USA

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-3361536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARD, CINDY
2502 GABLES DRIVE
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Doris V. Shard*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

Jan. 28, 2008

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME SHARD, DORIS
STREET ADDRESS 2502 GABLES DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME SHARD, CYNTHIA
STREET ADDRESS 2502 GABLES DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE S ☐ Delete
NAME SHARD, DORIS
STREET ADDRESS 2502 GABLES DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME SHARD, CYNTHIA
STREET ADDRESS 2502 GABLES DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000816814
02/14/08-80067-004 163.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Doris V. Shard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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