

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90028 023 \*\*\*158.75

**DOCUMENT # P95000077741**

1. Entity Name

**MORTGAGE DEVELOPMENT & INVESTMENT  
CORPORATION**



Principal Place of Business

501 108TH AVE NORTH  
NAPLES FL 34108

Mailing Address

501 108TH AVE NORTH  
NAPLES FL 34108

2. Principal Place of Business

143 TROPICANA DRIVE

3. Mailing Address

143 TROPICANA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1012

UNIT 1012

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

Zip

33950

Country

CHARLOTTE

Zip

33950

Country

CHARLOTTE

6. Name and Address of Current Registered Agent

STRICKLAND, LINDA  
501 108TH AVE NORTH  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name STRICKLAND, LINDA  
Street Address (P.O. Box Number is Not Acceptable)  
143 TROPICANA DRIVE  
UNIT 1012  
City PUNTA GORDA FL 33950

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 *Linda Strickland*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/2004

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PS ☐ Delete  
NAME STRICKLAND, LINDA  
STREET ADDRESS 501 108TH AVE NORTH  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PS ☒ Change ☐ Addition  
NAME STRICKLAND, LINDA  
STREET ADDRESS 143 TROPICANA DRIVE UNIT 1012  
CITY-ST-ZIP PUNTA GORDA, FL 33950

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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: *Linda Strickland* - LINDA STRICKLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2004

Date

941-505-2592

Daytime Phone #