

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90103 003 ***158.75

DOCUMENT # P95000077741					
1. Entity Name MORTGAGE DEVELOPMENT & INVESTMENT CORPORATION					
Principal Place of Business 499 SHEPHERD HILLS ROAD COOKEVILLE TN 38501			Mailing Address 499 SHEPHERD HILLS ROAD COOKEVILLE TN 38501		
2. Principal Place of Business 5943 W OAK PARK BLVD		3. Mailing Address 5943 W OAK PARK BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMOSASSA, FL		City & State HOMOSASSA, FL		4. FEI Number 65-0630464	
Zip 34446		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELDEN, CAROLYN E 10496 WEST HOU RIVER ROAD HOMOSASSA FL 34448			7. Name and Address of New Registered Agent Name LINDA STRICKLAND Street Address (P.O. Box Number is Not Acceptable) 5943 W OAK PARK BLVD City HOMOSASSA FL 34446		
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 <i>[Signature]</i> LINDA STRICKLAND - PS 3/18/2006 <small>Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE PS	<input type="checkbox"/> Delete				
NAME STRICKLAND, LINDA					
STREET ADDRESS 499 SHEPHERD HILLS ROAD					
CITY-ST-ZIP COOKEVILLE TN 38501					
TITLE VP	<input checked="" type="checkbox"/> Delete				
NAME BELDEN, CAROLYN E					
STREET ADDRESS 10496 WEST HOU RIVER ROAD					
CITY-ST-ZIP HOMOSASSA FL 34448					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME LINDA STRICKLAND					
STREET ADDRESS 5943 W OAK PARK BLVD					
CITY-ST-ZIP HOMOSASSA, FL 34446					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> LINDA STRICKLAND - PS 3/18/2006 (352-382-4044) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					