

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 046 ***158.75

DOCUMENT # P95000077741	
1. Entity Name MORTGAGE DEVELOPMENT & INVESTMENT CORPORATION	

Principal Place of Business 5943 W OAK PARK BLVD HOMOSASSA FL 34446	Mailing Address 5943 W OAK PARK BLVD HOMOSASSA FL 34446
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2. Principal Place of Business - No P.O. Box # <u>6340 W OAK PARK BLVD</u>	3. Mailing Address <u>6340 W OAK PARK BLVD</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <u>HOMOSASSA, FL</u>	City & State <u>HOMOSASSA, FL</u>
Zip <u>34446</u>	Country <u>USA</u>

4. FEI Number <u>65-0630464</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRICKLAND, LINDA 5943 W OAK PARK BLVD HOMOSASSA FL 34446	7. Name and Address of New Registered Agent Name <u>STRICKLAND, LINDA</u> Street Address (P.O. Box Number is Not Acceptable) <u>6340 W OAK PARK BLVD</u> City <u>HOMOSASSA</u> FL <u>34446</u>
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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 <u>[Signature]</u> DATE <u>1/30/2007</u>

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS STRICKLAND, LINDA 499 SHEPHERD HILLS ROAD COOKEVILLE TN 38501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS STRICKLAND, LINDA 5943 W OAK PARK BLVD HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS STRICKLAND, LINDA 6340 W. OAK PARK BLVD HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>1/30/2007</u> Daytime Phone #
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