

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000000092

1. Entity Name
MP ENTERPRISES OF LAKE LAND, INCORPORATED



Principal Place of Business
**550 LONE PALM DR.
LAKE LAND, FL 33801 US**

Mailing Address
**550 LONE PALM DRIVE
LAKE LAND, FL 33801**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZARBAUGH, MARJORIE
550 LONE PALM DRIVE
LAKE LAND, FL 33815**

**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 **MARJORIE ZARBAUGH**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature is required when removing)

DATE

Marjorie Zarbaugh **4/14/05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000313348
04/18/05-80119-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZARBAUGH, MARJORIE**
STREET ADDRESS **550 LONE PALM DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33801**

TITLE **V**
NAME **ZARBAUGH, CARL P**
STREET ADDRESS **550 LONE PALM DRIVE**
CITY-ST-ZIP **LAKE LAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Marjorie Zarbaugh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2005 (813) 681-6262
Date Daytime Phone #