

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000024409

1. Entity Name
MITIGATION LAND PARTNERS, INC.



Principal Place of Business

**605 PALM CR E
NAPLES, FL 34102**

Mailing Address

**605 PALM CR E
NAPLES, FL 34102**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3435157

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTON, WILLIAM L
605 PALM CR E
NAPLES, FL 34102**

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTON, WILLIAM L
STREET ADDRESS	605 PALM CR E
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	VPD
NAME	MILLER, RAYMOND
STREET ADDRESS	313 TURTLE HATCH WAY
CITY - ST - ZIP	NAPLES, FL 34103
TITLE	SD
NAME	DURHAM, TIMOTHY
STREET ADDRESS	P 3200 BAILEY LANE, STE 200
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	D
NAME	PEEK, THOMAS R
STREET ADDRESS	90 EAST AVE
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/12/07-80029-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

(239) 641-7941

Daytime Phone #