

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90190 042 \*\*\*158.75

**DOCUMENT # P97000060734**

1. Entity Name

MUTUAL LAND DEVELOPMENT CO.



Principal Place of Business

11300 U.S. HIGHWAY ONE  
SUITE 203  
NO PALM BEACH, FL 33408 US

Mailing Address

11300 U.S. HIGHWAY ONE  
SUITE 203  
NO PALM BEACH, FL 33408 US

94070009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004

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000000000000

City & State

City & State

4. FEI Number

65-0773352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRICKER, H MAX  
11300 US HIGHWAY ONE, SUITE 203  
NORTH PALM BEACH, FL 33408-3208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 0000000000

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME FRICKER, H MAX  
STREET ADDRESS 11300 U.S. HIGHWAY ONE., SUITE 203  
CITY-ST-ZIP NO PALM BEACH, FL 33408

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

TITLE DV ☐ Delete  
NAME SEDLAK, INGRID  
STREET ADDRESS 11300 U.S. HIGHWAY ONE, SUITE 203  
CITY-ST-ZIP NO PALM BEACH, FL 33408

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

TITLE DT ☐ Delete  
NAME SEDLAK, WILHELM  
STREET ADDRESS 11300 U.W. HIGHWAY ONE, SUITE 203  
CITY-ST-ZIP NO PALM BEACH, FL 33408

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H Max Fricker/Pres. 4/15/04 561-625-1005

Date

Daytime Phone #