


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000084983 1. Entity Name M & D INVESTMENT OF LAKE LAND, INC.	
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Principal Place of Business 37 LAKE ARROWHEAD DR. WINTER HAVEN, FL 33880	Mailing Address 37 LAKE ARROWHEAD DR. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



07262006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input 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 SANDERS, IMOGENE G 37 LAKE ARROWHEAD DR. WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$180.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, DEBRA GUY 2445 THORNHILL RD. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, IMOGENE G 37 LAKE ARROWHEAD DR. WINTER HAVEN, FL 33880
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IN THIS SPACE**

U000000572584
07/28/06-80004-012 158.75

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: <i>Imogene G Sanders</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-26-06 Date	863-967-1463 Daytime Phone #
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