

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 017 ***150.00

DOCUMENT # P98000084983

1. Entity Name

M & D INVESTMENT OF LAKELAND, INC.



Principal Place of Business

**37 LAKE ARROWHEAD DR.
WINTER HAVEN FL 33880**

Mailing Address

**37 LAKE ARROWHEAD DR.
WINTER HAVEN FL 33880**



2. Principal Place of Business - No P.O. Box #

37 LR Arrowhead Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

Same

City & State

Same

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33880

Country

POIK

Zip

Same

Country

Same

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

**SANDERS, IMOGENE G
37 LAKE ARROWHEAD DR.
WINTER HAVEN FL 33880**

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

Imogene G. Sanders

Imogene G. Sanders

8-04-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MATTHEWS, DEBRA GUY**
STREET ADDRESS **2445 THORNHILL RD.**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **D** ☐ Delete
NAME **SANDERS, IMOGENE G**
STREET ADDRESS **37 LAKE ARROWHEAD DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Imogene G. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-04-08

Date

863-967-1663

Daytime Phone #