## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P98000103852 1. Entity Name M.F.T. OF LAKE, INC.

Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

907 WEBSTER STREET LEESBURG, FL 34748

Mailing Address

P O BOX 490006 LEESBURG, FL 34749-0006



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 59-3545813 Not Applicable

5. Certificate of Status Desired

01022007

\$8.75 Additional Fee Required

CR2E034 (11/05)

352 787-1234

**FILED** 

JOHNSON, CHARLES D 907 WEBSTER STREET LEESBURG, FL 34748

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am	familiar with, and accept	-
SIGNATURE	Signature, typed or printed name of registered agent and title	faccicable (NOTE Registered	d Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000645300 03/02/07-80079-011 150.00		_
10.	OFFICERS AND DIREC	CTORS	I				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SIMMONS, JAMES C POST OFFICE BOX 490006 LEESBURG, FL 347490006						
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indicated of the cor	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachpent with an address, with all	ind accurate and that my signat I to execute this report as requir	mptions cor ure shall haved by Chap	ntained in Chapter 118 re the same legal effer rer 607. Florida Statute	9, Florida Statutes. I further cer of as if made under oath; that I es; and that my name appears	tify that the information am an officer or director in Block 10 or Block 11 if	