## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P99000069731 1. Entity Name 04-28-2006 90161 028 \*\*\*150.00 MTBLAND CORP. Principal Place of Business Mailing Address -12144 S.E. 84TH AVE. 40000031 12144 S.E. 84TH AVE. BELLEVIEW, FL 34420 <del>-Belleview, FL 34420-</del> 2. Principal Place of Business 3. Mailing Address TERR TERR 5580 SE 5580 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number OCKLAWAHA OCKLA WAHA FLA 59-3600836 Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 321 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 12700 SW 1/274 ST. R Street Address (P.O. Box Number is Not Acceptable) SPAHN, RICHARD A 3442-6.E. LAKE WEIR RD. DUNNECLON, FL. OCALA, FL 34471-34432 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE □ Delete MILE BLAND, MAXWELL T NAME NAME 5580 SE 18474 TERR STREET ADDRESS 12111 S.E. BITTLAVE. STREET ADDRESS CITY-ST-ZIP BELLEVIEW-EL-34420 CITY-ST-ZIP 32179 Detete ☐ Change ☐ Addition TITLE TITLE BLAND, JULIS NAME NAME STREET ADDRESS 12144 S.E. 84THAVE. STREET ADDRESS CITY-ST-ZIP BELLEVIEW: Ft 94420 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete mre ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-Z#P CITY-ST-ZIP Delete me ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNING OFFICER OR DIRECTOR

FILED