

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S99332

1. Entity Name

MYAKKA RIVER PROPERTIES, INC.



Principal Place of Business

12740 CURLEY STREET
SAN ANTONIO FL 33576
US

Mailing Address

P O BOX 156
SAN ANTONIO FL 33576
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3099944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

SCHRADER, JEROME G.
12740 CURLEY STREET
SAN ANTONIO FL 33576

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHRADER, THOMAS A.	
STREET ADDRESS	P.O. BOX 77 N/A	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARONS, MARGARET MARY	
STREET ADDRESS	1 NORTHGATE CIRCLE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRADER, THEODORE J.	
STREET ADDRESS	P.O. BOX 454 N/A	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRADER, TERRENCE E.	
STREET ADDRESS	P.O. BOX 205 N/A	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHRADER, JEROME G.	
STREET ADDRESS	P O BOX 1276	
CITY-ST-ZIP	DADE CITY FL 33526-1276	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAROE, KAY	
STREET ADDRESS	47 JUDSON AVE. P.O. BOX 623	
CITY-ST-ZIP	WOODBURY CT 06798	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	000000271079	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/21/05-80032-012	150.00
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

THOMAS A SCHRADER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05

Date

352 588-2515

Daytime Phone #