

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90179 018 ***150.00

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

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3099944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

THOMAS A SCHRADER

Street Address (P.O. Box Number is Not Acceptable)

12744 CURLEY ST

City

SAN ANTONIO

FL

Zip Code
33576

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

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

THOMAS A SCHRADER

04-10-06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME SCHRADER, THOMAS A.
STREET ADDRESS P.O. BOX 77 N/A
CITY-ST-ZIP SAN ANTONIO FL

TITLE VP ☐ Delete
NAME BARONS, MARGARET MARY
STREET ADDRESS 1 NORTHGATE CIRCLE
CITY-ST-ZIP LEXINGTON MA

TITLE VP ☐ Delete
NAME SCHRADER, THEODORE J.
STREET ADDRESS P.O. BOX 454 N/A
CITY-ST-ZIP SAN ANTONIO FL

TITLE VP ☐ Delete
NAME SCHRADER, TERENCE E.
STREET ADDRESS P.O. BOX 205 N/A
CITY-ST-ZIP SAN ANTONIO FL

TITLE S ☒ Delete
NAME SCHRADER, JEROME G.
STREET ADDRESS P O BOX 1276
CITY-ST-ZIP DADE CITY FL 33526-1276

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas A. Schrader

THOMAS A SCHRADER PRESIDENT

04-10-06

352 588-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #