

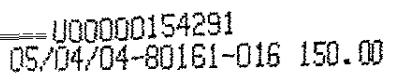
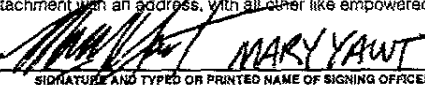


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 296315		
1. Entity Name MIDDLE RIVER TRAILER PARK INC		
Principal Place of Business 1224 N E 24TH STREET FT. LAUDERDALE, FL 33305	Mailing Address 1224 N E 24TH STREET FT. LAUDERDALE, FL 33305	
DO NOT WRITE IN THIS SPACE		 04272004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1119165 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
YAWT, PETER 1224 NE 24TH ST FT. LAUDERDALE, FL 33305		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	 DO NOT WRITE IN THIS SPACE
NAME	YAWT, PETER	
STREET ADDRESS	1224 N.E. 24TH ST.	
CITY - ST - ZIP	FORT LAUDERDALE, FL	
TITLE	D	
NAME	HAINES, LOUIS D	
STREET ADDRESS	1224 N.E. 24TH ST.	
CITY - ST - ZIP	FORT LAUDERDALE, FL	
TITLE	VD	
NAME	YAWT, MARY	
STREET ADDRESS	1224 NE 24 STR	
CITY - ST - ZIP	FT LAUDERDALE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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)(f), 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:  MARY YAWT		4-28-04 954 564 8954 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		