


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 333462			
1. Entity Name MARSHALLS' BRADEN RIVER MOBILE HOME PARK, INC			
Principal Place of Business 3 MILES E. ADJACENT ONECO TO STATE R NORTH 70, P.O. BOX 518 ONECO FL 34264		Mailing Address 3 MILES E. ADJACENT ONECO TO STATE R NORTH 70, P.O. BOX 518 ONECO FL 34264	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MARSHALL, STEPHEN K. 3 MILES EAST ONECO ADJACENT TO SR 70 N BRADENTON FL 34264		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 59-1218762 Applied For Not Applicable	
SIGNATURE _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Signature, typed or printed name of registered agent and use if applicable		(NOTE: Registered Agent signature required when re-stating)	
DATE _____		DATE _____	



1st MOORE CR2E034 (10/05)

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 Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, STEPHEN K 3 MI E ONECO ONECO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 1117770440807 03/03/06-80010-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: _____ **FEB 20 2006** **941-765-4711**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR