


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 404486 1. Entity Name HIDDEN VALLEY PARK, INC.	
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Principal Place of Business 808 PARK AVE DELEONSPRINGS FL 32130	Mailing Address 808 PARK AVE DELEONSPRINGS FL 32130
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1399532	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

**SCHULER, RICHARD W
808 PARK AVE
DELEON SPRS, FLA
DELEON SPRINGS, FL 32130**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHULER, JEANE G 808 PARK AVE DELEON SPRS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULER, RICHARD W 808 PARK AVE DELEON SPRS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, DEANNA SCHULER 808 PARK AVE DELEON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULER, MARK 808 PARK AVE DELEON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000371116
07/07/05-80003-022 550.00

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.

SIGNATURE: *Jeane Gibbs Schuler* **Jeane Gibbs Schuler** **7/5/05** **386 985-4543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #