


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 468110
 1. Entity Name
HILLSIDE MOBILE HOME PARK, INC.



Principal Place of Business Mailing Address
39515 BAMBOO LANE **815 NW 7TH STREET**
ZEPHYRHILLS FL 33540 **DANIA FL 33004**
US **US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
SCHLICATE, RAY A
815 NW 7TH STREET
DANIA FL 33004

4. FEI Number **59-1622151** Applied For Not Applied
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (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 NAME STREET ADDRESS CITY- ST- ZIP	PSD SCHLICHTE, JR., RAY A 815 NW 7TH STREET DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Ray A. Schlichte, Jr.* Ray A. Schlichte, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #