

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State



DOCUMENT # 521601

1. Entity Name
BLUE HORIZON MOBILE HOME PARK, INC.

Principal Place of Business
**5145 EAST BAY DRIVE
 CLEARWATER FL 34624**

Mailing Address
**PO BOX 20003
 ST PETERSBURG FL 33742
 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1706720**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCH, LEON O.
 210 SAND KEY ESTATES DRIVE
 CLEARWATER FL 33767**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
 NAME: WELCH, LEON O.
 STREET ADDRESS: 210 SAND KEY ESTATES DRIVE
 CITY- ST- ZIP: CLEARWATER FL 33767

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

TITLE: STD Delete
 NAME: WELCH, LINDA
 STREET ADDRESS: 210 SAND KEY ESTATES DRIVE
 CITY- ST- ZIP: CLEARWATER BEACH FL 33767

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

U00000624450
 02/14/07-80034-003 150.00

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
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 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: *Linda S. Welch* **LINDA S. WELCH, SEC/TREASURER** **1/29/07** **(727) 521-2438**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #