


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90043 023 \*\*\*158.75

<b>DOCUMENT # H84929</b>	
1. Entity Name <b>WALL SPRINGS MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>604 HILLSBOROUGH STREET PALM HARBOR, FL 34683-8631</b>	Mailing Address <b>604 HILLSBOROUGH STREET PALM HARBOR, FL 34683-8631</b>
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**50003952**



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

01182006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2605743</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>QUACKENBUSH, EUGENE 604 HILLSBOROUGH ST LOT # 9 PALM HARBOR, FL 34683</b>	

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: <i>Eugene Quackenbush</i>	DATE: <i>03/18/06</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P MCMILLAN, MILTON 604 HILLSBOROUGH ST PALM HARBOR, FL 34683</b>	
<b>V WILEST, WILLIAM 604 HILLSBOROUGH ST PALM HARBOR, FL 34683</b>	
<b>T MILLER, JOYCE 604 HILLSBOROUGH ST PALM HARBOR, FL 34683</b>	
<b>D NAUMANN, FRAN 604 HILLSBOROUGH ST PALM HARBOR, FL 34683</b>	
<b>S POWELL, CHANDLER 604 HILLSBOROUGH ST PALM HARBOR, FL 34683</b>	
<b>D RUBIE, DELORES 604 HILLSBOUROUGH S T PALM HARBOR, FL 34683</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 exemptions contained in Chapter 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: <i>Joyce Miller</i>	DATE: <i>3-18-2006</i> (727) 944-3280