

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J21938 1. Entity Name SCHALAMAR CREEK MOBILE HOME SALES, INC.	
--	---

Principal Place of Business 4500 U.S. 92 EAST SUITE 1030 LAKELAND, FL 33801	Mailing Address 4500 U.S. 92 EAST SUITE 1030 LAKELAND, FL 33801
---	---



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2783279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNAPP, RANDALL L. 4500 HWY. 92 EAST SUITE 1030 LAKELAND, FL 33801
--

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

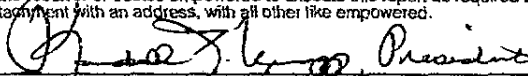
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNAPP, RANDALL L. 4500 HWY 92 EAST, SUITE 1030 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNAPP, DONALD O. 4500 HWY 92 E., SUITE 1030 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNAPP, MERLYN V. 4500 HWY 92 E., SUITE 1030 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000200803
01/28/05-80040-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 **863-665-485**
Date Daytime Phone #