


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000088828**  
 1. Entity Name  
**SEVEN OAKS MOBILE HOME PARK, INC.**



Principal Place of Business  
**6451 SE 36TH AVE #3 OCALA, FL 34480**

Mailing Address  
**P.O. BOX 3695 BELLEVIEW, FL 34421**

**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3607735**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARRELL, PAMELA K  
 10121 SE HIGHWAY 441  
 BELLEVIEW, FL 34420**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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**

UN0000272568  
 03/22/05-80011-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRELL, PAM
STREET ADDRESS	PO BOX 3695
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	VP
NAME	LITT, PEGGY
STREET ADDRESS	PO BOX 3695
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 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**

Date: **3-21-05** Daytime Phone #: **352-732-9157**