


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # S16716**  
 1. Entity Name  
**LEISURE HOMES MOBILE HOME PARK, INC.**



Principal Place of Business      Mailing Address  
**3525 BRIDGEFIELD DRIVE**      **3525 BRIDGEFIELD DRIVE**  
**LAKELAND FL 33803-5912**      **LAKELAND FL 33803-5912**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc      Suite, Apt. #, etc  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)  
 4. FEI Number      Applied For  
**59-3041860**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VERPLANCK, JAMES**  
**3525 BRIDGEFIELD DRIVE**  
**LAKELAND FL 33803**

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's signature required when re-registering)  
 Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P	<input type="checkbox"/> Delete
NAME	VERPLANCK, WILLIAM	
STREET ADDRESS	6713 ENGLE LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAROWSKA, GARY	
STREET ADDRESS	2200 E. ELEVEN MILE	
CITY-ST-ZIP	WARREN MI 48091	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VERPLANCK, JAMES	
STREET ADDRESS	3525 BRIDGEFIELD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803-5912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000844198	
CITY-ST-ZIP	03/12/08-80026-010 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *James Verplanck*      **James Verplanck**      2/28/08      863/646-2426  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #