


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90098 005 \*\*\*150.00

<b>DOCUMENT # 203216</b> 1. Entity Name <b>WEEKIWACHEE HILLS PARK INC</b>					
Principal Place of Business <b>7136 BAYBERRY DRIVE</b> <b>SPRING HILL, FL 34607 US</b>				Mailing Address <b>7136 BAYBERRY DRIVE</b> <b>SPRING HILL, FL 34607 US</b>	
2. Principal Place of Business <b>7007 Eisenhower St.</b> Suite, Apt. #, etc.				3. Mailing Address <b>7007 Eisenhower St.</b> Suite, Apt. #, etc.	
City & State <b>Weeki Wachee FL</b>				City & State <b>Weeki Wachee FL</b>	
Zip <b>34613</b>		Country <b>U.S.</b>		4. FEI Number <b>59-1977157</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ANDERSON, JOY M</b> <b>7007 EISENHOWER ST</b> <b>BROOKSVILLE, FL 34613</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STALFORD, JACK</b> <b>8187 FILSON STREET</b> <b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joy Anderson</b> <b>7007 Eisenhower St.</b> <b>Weeki Wachee, FL 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FLEMING, RICHARD</b> <b>8044 FILSON STREET</b> <b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDERSON, JOY</b> <b>7007 EISENHOWER ST</b> <b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary.</b> <b>Lyn Schlumpf</b> <b>8249 Darts St.</b> <b>Weeki Wachee, FL 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROOKS, DIXIE</b> <b>7070 FORSYTH ST</b> <b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <i>Joy M. Anderson</i> <b>President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>5/7/06</b> <b>727-379-9327</b> Date Daytime Phone #		