

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90046 010 \*\*\*100.00  
 03-15-2004 90083 030 \*\*\*\*50.00

**94029271**



MOORE CR2E034 (11/03)

<b>DOCUMENT # 216584</b> 1. Entity Name <b>SILVER PALM MOBILE PARK INC</b>			
Principal Place of Business <b>14390 MUSTANG TRAIL                  FT. LAUDERDALE FL 33330                  US</b>		Mailing Address <b>14390 MUSTANG TRAIL                  FT. LAUDERDALE FL 33330                  US</b>	
2. Principal Place of Business <b>14390 Mustang Tr</b>		3. Mailing Address <b>← SAME</b>	
City & State <b>FT LAUDERDALE</b>		City & State <b>FL GA</b>	
4. FEI Number <b>59-1369425</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GREFE, WILLIAM                  14390 MUSTANG TRAIL                  FT LAUDERDALE FL 33330</b>		7. Name and Address of New Registered Agent Name <b>← SAME</b> 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 <i>William Grefe</i> DATE <b>02-24-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GREFE, WILLIAM</b> <b>14390 MUSTANG TRAIL</b> <b>FORT LAUDERDALE FL 33330</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>GREFE, GRACE L</b> <b>14390 MUSTANG TRAIL</b> <b>FT LAUDERDALE FL 33330</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GREFE, LORRAINE</b> <b>14390 MUSTANG TRAIL</b> <b>FT. LAUDERDALE FL 33330</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employed. SIGNATURE: <i>William Grefe</i> DATE <b>02-23-04</b> <small>Signature and typed or printed name of signing officer or director. Daytime Phone #</small>			