

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 272399**

1. Entity Name  
**COMMUNITY TRAILER PARK, INC.**



Principal Place of Business  
**635 E EAU GALLIE BLVD  
SATELLITE BEACH, FL 32937**

Mailing Address  
**635 E EAU GALLIE BLVD  
SATELLITE BEACH, FL 32937**



05122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1011299**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**GOINS, MICHAEL A  
635 E EAU GALLIE BLVD  
SATELLITE BEACH, FL 32937**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOINS, MICHAEL
STREET ADDRESS	635 E EAU GALLIE BLVD
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	VD
NAME	GOINS, MICHAEL
STREET ADDRESS	635 E EAU GALLIE BLVD
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	SD
NAME	GOINS, MICHAEL
STREET ADDRESS	635 E EAU GALLIE BLVD
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000367487  
05/18/05-80005-001 550.00

**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)(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:

*Michael Goins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05

Date

321-713-0001

Daytime Phone #