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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT						
DOCUMENT # 284558 1. Entity Name NATIONAL MOBILE PARKS, INC.						
Principal Place of Business	Mailing Address					
420 OLD MAIN STREET P.O. BOX 1889 BRADENTON, FL 34206-1889 US	420 OLD MAIN STREET P.O. BOX 1889 Bradenton, Fl 34206-1889	US				
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				[ARIN BERGE BAREE BERNIN BERGE BINGGRAF II INREE		
DO NOT WRITE IN THIS SPACE		CE	01072004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For				
			59-10569	35	······	Not Applicable	
				5. Certificate of	Status Desired		75 Additional Required
	6. Name and Address of Current Regis	tered Agent					_ -
WALLACE 420 OLD M BRADENT		DO NOT WRITE IN THIS SPACE					
8. The above the obligati	named entity submits this statement for the lons of registered agent.	ourpose of changing its registere	d office or register	ed agent, or both, i	in the State of Flor	ida. I em famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and dite	il applicable. INOTE Registered	Agent alignature required	when reinstating)	* , 5'	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution,	cing \$5.	.00 May Be ad to Fees	·		<u>:</u>
10.	OFFICERS AND DIRE	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, JAMES M 420 OLD MAIN ST. BRADENTON, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, D.H. 420 OLD MAIN ST. BRADENTON, FL		<u>स्त्राप्त</u> ्याच्या च्याप्त्रास्थल	- 		1666 3591 1-80054-	010 150 .00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALANDRA, GAIL M 420 OLD MAIN ST. BRADENTON, FL 00000,			DO N	OT W	RITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN TI	HIS SP	ACE	<u>.</u>
TITLE NAME STREET ADORESS CITY-ST-ZIP			_	· · · · · · · · · · · · · · · · · · ·			
TRILE NAME STREET ADDRESS CITY-ST-ZIP						-	
of the corp	ertify that the Information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ind accurate and that my signati If to execute this report as require	ire shall have the s	ama legal effect as	: if made under ca	ith; that I am an	officer or director
SIGNAT	URE: HAME H. HE	NAME OF SIGNING OFFICER OF DIRECTO	DR.	1-7-	04 q	41 746- Daystera 8	7/57