

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 284804

1. Entity Name
MAS VERDE MOBILE HOME ESTATES, INC.



Principal Place of Business
**5656 LAKE WORTH RD.
LAKE WORTH, FL 33463**

Mailing Address
**5656 LAKE WORTH RD.
LAKE WORTH, FL 33463**



06052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1056068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GARLAND, MARSH
91 LISA LANE
LAKE WORTH, FL 33461**

**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 \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEATHLEY, ROBERT J
STREET ADDRESS 1203 ARMSTRONG ROAD
CITY-ST-ZIP UNION CITY, TN

TITLE VD
NAME KEATHLEY, BRYAN, N
STREET ADDRESS 2203 STONEWALL
CITY-ST-ZIP UNION CITY, TN 38261

TITLE STD
NAME KEATHLEY, BETTY
STREET ADDRESS 1203 ARMSTRONG ROAD
CITY-ST-ZIP UNION CITY, TN

TITLE D
NAME KEATHLEY, BARRY, J
STREET ADDRESS 1010 TURNER ST
CITY-ST-ZIP UNION CITY, TN

TITLE D
NAME KEATHLEY, BRIDGETTE
STREET ADDRESS 811 W REELFOOT AVE
CITY-ST-ZIP UNION CITY, TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-06

Date

731-885-5874

Daytime Phone #