

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 355422 1. Entity Name AIR PARK HOMES INC	
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Principal Place of Business
4045 HENDERSON BOULEVARD
FAX 813-289-5272
TAMPA, FL 33629

Mailing Address
4045 HENDERSON BOULEVARD
FAX 813-289-5272
TAMPA, FL 33629



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1203227	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KEEL, C. J. JR., P.A.
4045 HENDERSON BOULEVARD
TAMPA, FL 33629

**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)

00000043407

02/24/06-80063-019.158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KEEL, RICHARD W. 17003 W. SMITHVILLE RD TRIVOLI, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEEL, MARY J. 17003 W. SMITHVILLE RD. TRIVOLI, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEEL, RICHARD W. JR 1619 SUMMIT PEKIN, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARY K. 214 WOOD SMOKE RD DENVER, IA 50622
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, SUSAN M. 132 GARRITT HANOVER, IN
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEBMER, SARAH J. 17003 W. SMITHVILLE RD. TRIVOLI, IL
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**DO NOT WRITE
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

Date

Daytime Phone #

Richard W. Keel - RICHARD W. KEEL President 2-10-06 309-362-2454