

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90042 031 ***150.00

DOCUMENT # 420941

1. Entity Name
WHISPERING PINES TRAILER PARK, INC.



Principal Place of Business
**10075 GANDY BLVD
ST. PETERSBURG, FL 33710 US**

Mailing Address
**PO BOX 10007
TAMPA, FL 33679 US**

J4UJ00J1



2. Principal Place of Business
137 104th Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04182004 Chg-P CR2E034 (10/03)

City & State
Treasure Island FL
Zip
33706 Country
Pineellas

City & State
Zip Country

4. FEI Number
59-1487987 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PELOSI, GERALDINE V
701 S NEWPORT AVE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Geraldine P. Farrell
Street Address (P.O. Box Number is Not Acceptable)
Same
City
FL 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 **Geraldine Pelosi Farrell**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 | P FARRELL, TIMOTHY J 701 S NEWPORT AVE TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FARRELL, GERALDINE V 701 S. NEWPORT AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine P. Pelosi Farrell 4/17/04 813 765 9127

Date

Daytime Phone #