

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 521601

1. Entity Name
BLUE HORIZON MOBILE HOME PARK, INC.



Principal Place of Business
**5145 EAST BAY DRIVE
CLEARWATER, FL 34624**

Mailing Address
**PO BOX 20003
ST PETERSBURG, FL 33742 US**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1706720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, LEON O.
210 SAND KEY ESTATES DRIVE
CLEARWATER, FL 33767**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1000000418240
02/13/06-80087-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELCH, LEON O.
STREET ADDRESS	210 SAND KEY ESTATES DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33767

TITLE	STO
NAME	WELCH, LINDA
STREET ADDRESS	210 SAND KEY ESTATES DRIVE
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Linda S. Welch

LINDA S. WELCH, SEC/TREASURER

01/27/06

(727) 521-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #