


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 531586</b> 1. Entity Name <b>715 MOBILE HOME PARK, INC.</b>																																																																																																																				
Principal Place of Business <b>941 LINDA ROAD BELLE GLADE FL 33430</b>				Mailing Address <b>2640 BUCK CREEK RD HAYESVILLE FL 28904 US</b>																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																		
City & State		City & State		4. FEI Number <b>59-1958396</b> <span style="float: right;">Applied For Not Applicable</span>																																																																																																																
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																
<b>HOWELL, KEVIN 941 LINDA ROAD BELLE GLADE FL 33430</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																																																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																																																																				
<b>SIGNATURE:</b> <u>Robert E Mathews</u> <span style="float: right;">1-27-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																				

