
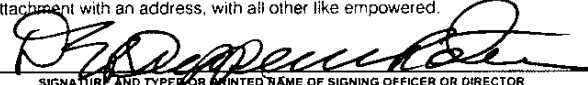


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 012 ***150.00

DOCUMENT # 538491 1. Entity Name ORANGE TREE MOBILE HOME PARK, INC.					
Principal Place of Business 721 STATE RD 535 WINTER GARDEN, FL 34787-5266			Mailing Address P.O. BOX 770879 WINTER GARDEN, FL 34777		
2. Principal Place of Business - No P.O. Box # 721 WINTER GARDEN VINELAND RD		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER GARDEN FL		City & State			
Zip 34787	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent DALLAS, DUPPENTHALER 721 STATE RD 535 WINTER GARDEN, FL 32787			7. Name and Address of New Registered Agent Name DALLAS DUPPENTHALER Street Address (P.O. Box Number is Not Acceptable) 721 WINTER GARDEN VINELAND RD City WINTER GARDEN FL Zip Code 34787		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPPENTHALER, DALLAS E SR. 721 STATE RD 535 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUPPENTHALER, DALLAS E JR. 721 STATE RD 535 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUPPENTHALER, BETTY R. 721 STATE RD 535 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-4-08 Daytime Phone #: 407-656-4040		