

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # 610988

1. Entity Name
PINEWOOD TRAILER PARK, INC.



Principal Place of Business
**1300 HAND AVE.
LOT F-1
ORMOND BEACH, FL 32174**

Mailing Address
**1300 HAND AVE.
LOT F-1
ORMOND BEACH, FL 32174 US**



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1915587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**SZLOSEK JOHN GARY
20 MAVERICK LANE
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

9. 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

11000000224678
02/11/05-80009-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SZLOSEK, STANLEY JR
STREET ADDRESS	63 VILLAGE DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	SD
NAME	SZLOSEK, JOHN GARY
STREET ADDRESS	3253 MAVERICK LANE
CITY-ST-ZIP	ORMOND BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 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:

Stanley F Szlosek Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY F SZLOSEK 2-7-05 672 0062

Date

Daytime Phone #