


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 618414	
1. Entity Name LEBANON STATION CAMPGROUND, INC.	

Principal Place of Business US 41 S 4 ILES POD 848 WILLISTON, FL 32696 US	Mailing Address US 41 S 4 MILES PO BOX 848 WILLISTON, FL 32696 US
---	---



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1995884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROOKS, O.B. SR
HWY 41 S. 4 MILES
P.O. BOX 848
WILLISTON, FL**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE P	BROOKS, O B
NAME	PO BOX 848 ((N/A))
STREET ADDRESS	WILLISTON, FL
CITY-ST-ZIP	
TITLE ST	SCARBOROUGH, TROY
NAME	US 19 PO BOX 517
STREET ADDRESS	BROOKSVILLE, FL
CITY-ST-ZIP	
TITLE D	VAUSE, JOSEPH
NAME	RT 4 BOX 660
STREET ADDRESS	WILLISTON, FL
CITY-ST-ZIP	
TITLE VPD	BROOKS, BURKE
NAME	PO BOX 848 ((N/A))
STREET ADDRESS	WILLISTON, FL
CITY-ST-ZIP	
TITLE D	GILMAN, RON
NAME	PO BOX 248 ((N/A))
STREET ADDRESS	GULF HAMMICK, FL
CITY-ST-ZIP	
TITLE VPD	BROOKS, BURKE
NAME	18551 SE 30TH
STREET ADDRESS	MORRISTON, FL 32668
CITY-ST-ZIP	

U00000011858
01/23/04-80054-009 150.00

**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)(f), 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: O.B. Brooks D.B. Brooks 1-21-2004 352-528169166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR