

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 665416

1. Entity Name
LAKESIDE MOBILE MANOR, INC.



Principal Place of Business

**8801 EAST MOONRISE LANE, LOT 18
FLORAL CITY, FL 34436**

Mailing Address

**8801 EAST MOONRISE LANE, LOT 18
FLORAL CITY, FL 34436**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2012554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIDDLE, SUE ELLEN
8801 EAST MOONRISE LANE, LOT 18
FLORAL CITY, FL 34436**

**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 renewing) 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**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JACKSON, GLENN H
STREET ADDRESS	8801 MOONRISE LANE, LOT 18
CITY-STATE-ZIP	FLORAL CITY, FL 34436
TITLE	VP
NAME	JACKSON, LINDA M
STREET ADDRESS	8801 EAST MOONRISE LANE, LOT 18
CITY-STATE-ZIP	FLORAL CITY, FL 34436
TITLE	ST
NAME	FRIDDLE, SUE ELLEN
STREET ADDRESS	8801 MOONRISE LANE, LOT 18
CITY-STATE-ZIP	FLORAL CITY, FL 34436
TITLE	P
NAME	FRIDDLE, MICHAEL L
STREET ADDRESS	8801 EAST MOONRISE LANE, LOT 18
CITY-STATE-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/06-80001-011 150.00

**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: Sue Ellen Friddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 352 726 2553
Date Daytime Phone #