


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90048 047 \*\*\*150.00

<b>DOCUMENT # 678757</b> 1. Entity Name SILVER SPRINGS CAMPERS GARDENS, INC.	
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Principal Place of Business 3151 NE 56TH AVE SILVER SPRINGS, FL 34488 US	Mailing Address 3151 NE 56TH AVE SILVER SPRINGS, FL 34488 US
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DO NOT WRITE IN THIS SPACE

02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2014853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHROEDER, FRIEDRICH G.  
1512 S.E. 24TH ST  
OCALA, FL 34471

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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, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHROEDER, FRIEDRICH G. 1512 S.E. 24TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHROEDER, MONA 1512 S.E. 24TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, ROBERT H 1512 S.E. 24TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, SHAYNA G 1512 S.E. 24TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Friedrich G. Schroeder 3/15/04 352 2363700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #