


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 678757	
1. Entity Name SILVER SPRINGS CAMPERS GARDENS, INC.	

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



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2014853	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 SCHROEDER, FRIEDRICH G. 1512 S.E. 24TH ST OCALA, FL 34471

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IN THIS SPACE**

6. 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  **FRIEDRICH G SCHROEDER** 2/13/06
(NOTE: Registered Agent signature required when reissuing) 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 P	SCHROEDER, FRIEDRICH G.
NAME	1512 S.E. 24TH AVE.
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
TITLE ST	SCHROEDER, MONA
NAME	1512 S.E. 24TH AVENUE
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
TITLE VP	SCHROEDER, ROBERT H
NAME	1512 S.E. 24TH AVE.
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
TITLE VP	SCHROEDER, SHAYNA G
NAME	1512 S.E. 24TH AVE.
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80040-003 150.00

**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:  2/13/06 32-2363700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #