

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90057 038 \*\*\*\*61.25

<b>DOCUMENT # 727694</b> 1. Entity Name <b>ECONFINA ESTATES PARK, INC.</b>					
Principal Place of Business 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466			Mailing Address 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1764992</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHAPLES, RONALD H</b> <b>7272 ECONTINA ESTATES PARK RD</b> <b>YOUNGSTOWN, FL 32466</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADDOCK, DAN 7313 LONE CEDAR DRIVE YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Rhodes 7266 ECONFINA ESTATES RD YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, WAYNE 7408 GREEN BRANCH ROAD YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dave Pridgen 7308 LONE CEDAR DR YOUNGSTOWN FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAPLE, RONALD 7272 ECONFINA ESTATES RD YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, LEESA 1103 EMORY DR. PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandy Sanders P.O. Box 1131 YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOFT, DON 7218 ECONFINA ESTATES RD YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Jurgonski 7255 ECONFINA ESTATES RD YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 7305 LANE CEDAR YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>12 APR 05</b> Time: <b>8:50</b> Phone: <b>871-3975</b>	