2006 FOR PROFIT CORPORATION

FILED \mathbf{M}

ANNUAL REPORT				-	, Jan 20, 2006 08:00 A			
DOCU	MENT # F04157					of State		
1. Entity Nami RICHARD	e D MCKENZIE'S R.V. PARK, I	NC.				J		
Principal Place of Business Mailing Address 1625 S. LAKE REEDY BLVD. 2451 COUNTY ROAD 630 WES FROSTPROOF, FL 33843 FROSTPROOF, FL 33843								
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			A May Company of the	59-203			Not Applicable 5 Additional aquired	
	6. Name and Address of Current R	egistered Agent	1		·	· ·	 	
MCKENZIE, JR., RICHARD M 2451 COUNTY ROAD 630 WEST FROSTPROOF, FL 33843			, de la casa de la cas		NOT W THIS SF			
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 Specime, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent aigneture required when remarking) CATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be ded to Fees				
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD MCKENZIE JR, RICHARD M 2451 COUNTY RD 630 W FROSTPROOF, FL 33843	IRECTORS				1292167 80067-01:	5 150 NO	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					Total and a first surface	See Suid Suid Suid Side Suid Side Side Side Side Side Side Side Si	2 1 312 4 13 0	
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12. I hereby certify that the information supplied with this filling 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 empewered to execute this report as required by Chapter 507, 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 915-72-Y71D

SIGNATURE;

Daytime Phone #