

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 011 ***150.00

DOCUMENT # F05000001437

1. Entity Name
PARK MODELS MANUFACTURING, INC.



Principal Place of Business
**2051 INDUSTRIAL PARK DRIVE
CAIRO, GA 39828**

Mailing Address
**2051 INDUSTRIAL PARK DRIVE
CAIRO, GA 39828**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008

Chg-P

CR2E034 (12/06)

4. FEI Number
57-1197602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FANNON, JOANNA
2900 CANOPY LANE
TALLAHASSEE, FL 32308**

Name **Bradley P. Fannon**
Street Address (P.O. Box Number is Not Acceptable)

513 West Gaines Street

City **Tallahassee**

FL

Zip Code **32301**

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 reappointing)

2/13/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FANNON, MICHAEL A**
STREET ADDRESS **2900 CANOPY LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☒ Change ☐ Addition
NAME **221 Grant Road**
STREET ADDRESS **Cairo, GA 39828**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **FANNON, JOANNA L**
STREET ADDRESS **2900 CANOPY LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☒ Change ☐ Addition
NAME **221 Grant Road**
STREET ADDRESS **Cairo, GA 39828**
CITY-ST-ZIP

TITLE **DOM** ☐ Delete
NAME **FANNON, BRIAN W**
STREET ADDRESS **2851 SLASH AVE**
CITY-ST-ZIP **CAIRO, GA 39828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DOPO** ☐ Delete
NAME **RUDD, CHRISTOPHER**
STREET ADDRESS **238 SMITH RD**
CITY-ST-ZIP **CAIRO, GA 39828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DOP** ☐ Delete
NAME **RUDD, MARY BETH**
STREET ADDRESS **238 SMITH RD**
CITY-ST-ZIP **CAIRO, GA 39828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joanna Fannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08
Date

(850) 766-0782
Daytime Phone #