

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90034 033 \*\*\*150.00

**DOCUMENT # F06185**

1. Entity Name

ORANGEWOOD LAKES MOBILE HOME SALES, INC.



Principal Place of Business

7602-4 CONGRESS ST  
NEW PORT RICKEY FL 34653  
US

Mailing Address

7602-4 CONGRESS ST  
NEW PORT RICKEY FL 34653  
US

94013968



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2042991

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

HEILER, ALFRED G  
7602-4 CONGRESS STREET  
NEW PT. RICHEY FL 34653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 PSDT ☐ Delete  
NAME HEILER, ALFRED G  
STREET ADDRESS 7602-4 CONGRESS STREET  
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE VD ☐ Delete  
NAME HEILER, JEFFREY  
STREET ADDRESS 6901 12TH IAN CT  
CITY-ST-ZIP NEW PT RICHEY FL 34653

TITLE VD ☒ Change ☐ Addition  
NAME HEILER, JEFFREY  
STREET ADDRESS 7448 MENGI CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VD ☐ Delete  
NAME HEILER, SCOTT  
STREET ADDRESS 5449 MANATEE POINTE DR  
CITY-ST-ZIP NEW PT. RICHEY FL 34652

TITLE VD ☒ Change ☐ Addition  
NAME HEILER, SCOTT  
STREET ADDRESS 5505 MANATEE PT. DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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: *Alfred G. Heiler* - ALFRED G. HEILER

1/30/04

AC 927-

842-6255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #