

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90027 033 ***150.00

DOCUMENT # F09258

1. Entity Name

FLORIDA BROADACRE TRAILER LODGE, INC.



Principal Place of Business

% PAUL R GRISSOM
3901 BAHIA VISTA ST., BAHIA VISTA ESTA
SARASOTA FL 34232

Mailing Address

% PAUL R GRISSOM
3901 BAHIA VISTA ST., BAHIA VISTA ESTA
SARASOTA FL 34232

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 **59-2056342**

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

GRISSOM, PAUL R
3901 BAHIA VISTA ST
SARASOTA FL 34232

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

TITLE DP ☐ Delete
NAME GRISSOM, PAUL R
STREET ADDRESS 204 WESTMORELAND COURT
CITY-ST-ZIP SARASOTA, FL 0

TITLE D ☒ Delete
NAME SIMMONS, JESSIE (DECEASE
STREET ADDRESS 3762 MEDFORD LN
CITY-ST-ZIP SARASOTA, FL 0

TITLE V ☐ Delete
NAME GRISSOM, SCOTT H.
STREET ADDRESS 3901 BAHIA VISTA STREET
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ Delete
NAME GRISSOM, STEVEN L.
STREET ADDRESS 4804 79TH AVE PLAZA E.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *Scott H. Grissom, Scott H. Grissom* 3/17/04 941-371-2940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #