

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90030 043 ***150.00

DOCUMENT # F18459

1. Entity Name
CLAIR MAR MOBILE HOME PARK, INC.



Principal Place of Business
**118 CLAIRMAR CIR
U.S. HWY 27
DAVENPORT FL, 33837**

Mailing Address
**118 CLAIRMAR CIR
U.S. HWY 27
DAVENPORT FL, FL 33837**

50004782



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2168277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARDWICK, KELLY B. III
341 WEST DAVIDSON ST.
SUITE-301
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name **PROFESSIONAL TAX CONSULTANTS, INC**

Street Address (P.O. Box Number is Not Acceptable) **112 AVENUE E SW**

City **WINTER HAVEN**

FL

Zip Code **33881**

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

Norman Blaw EA

3/13/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **THELEN, PATRICK**
CITY-ST-ZIP **9915 W COLONY ROAD
FOWLER, MICHIGAN 00000,**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOAK, MARY JANE**
CITY-ST-ZIP **8475 PRICE ROAD
ST JOHNS, MICHIGAN 00000,**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **THELEN, CHRIS**
CITY-ST-ZIP **9915 W COLONY ROAD
FOWLER, MICHIGAN 00000,**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **THELEN, CLAIR L**
CITY-ST-ZIP **9915 W COLONY ROAD
FOWLER, MICHIGAN 00000,**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **THELEN, MARGARET**
CITY-ST-ZIP **9915 W COLONY ROAD
FOWLER, MICHIGAN 00000,**

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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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: *Clair L Thelen, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 13/2006

Date

Daytime Phone #