

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**PROFESSIONAL TAX CONSULTANTS, INC
112 AVENUE E SW
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000625596
02/14/07-80082-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 **CLAIR L. THELEN** 2/5/07 863-424-7874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #