


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F19340 1. Entity Name LADY LAKE MOBILE HOME PARK, INC.	
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Principal Place of Business 2934 GRIFFIN VIEW DR PO BOX 546 LADY LAKE, FL 32159 US	Mailing Address P O BOX 546 PO BOX 546 LADY LAKE, FL 32158 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2082927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFE, MILDRED M 3041 EDWARDS RD LADY LAKE, FL 32158	DO NOT WRITE IN THIS SPACE
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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**

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	V MOORE, EDWIN 2934 GRIFFIN VIEW DRIVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WOLFE, MILDRED 3041 EDWARDS RD. LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, ALVIN LEE 3045 GRIFFIN VIEW DR. LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80004-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Mildred M. Wolfe* **Mildred M. Wolfe** **01-19-04 (352)753-2118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #