## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 20, 2006 08:00 AM DOCUMENT # F19340 **Secretary of State** 1. Entity Name LADY LAKE MOBILE HOME PARK, INC. Principal Place of Business Mailing Address 2934 GRIFFIN VIEW DR PO BOX 546 P O BOX 546 PO BOX 546 LADY LAKE FL 32158 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2082927 Not Applic Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFE, MILDRED M Street Address (P.O. Box Number is Not Acceptable) 3041 EÓWARDS RD LADY LAKE FL 32158 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 according 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May 9. Election Campaign Financing Trust Fund Contribution. Added to Fed Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Adri NAME MOORE, EDWIN NAME STREET ADDRESS 2934 GRIFFIN VIEW DRIVE STREET ADDRESS U000003927 CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-7IP TITLE SDT ☐ Detele TITLE MAME WOLFE, MILDRED NAME STREET ADDRESS 3041 EDWARDS RD. STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe □ ~: NAME NAME WOLFE, ALVIN LEE STREET ADDRESS STREET ADDRESS 3045 GRIFFIN VIEW DR. CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 TITLE TITLE Delete ☐ Change i Air NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE TITLE ☐ Change □ A∷ NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ed Moore VP

FILED

1-18-06 352-753-2118