


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F69997**  
1. Entity Name  
**SUMMERLAND PALMS TRAILER PARK, INC.**



Principal Place of Business      Mailing Address  
**24864 OVERSEAS HWY**      **15 UNQUA PL.**  
**SUMMERLAND KEY, FL 33042**      **AMITYVILLE, NY 11701**

**DO NOT WRITE IN THIS SPACE**



02262006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**11-2623483**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLARMANN, CHARLES**  
**1981 SEMINOLE HARBOR DR**  
**ALVA, FL 33920**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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	PD KLARMANN, CHARLES 15 UNQUA PLACE AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KLARMAN, ALICE 15 UNQUA PLACE AMITYVILLE, NY 11701
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03/16/06-80060-008 150.00

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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: *Charles Klarmann, pro*      3/3/06      239-728-6429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #