


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90201 047 ***150.00

DOCUMENT # G00399	
1. Entity Name PINK CITRUS TRAILER PARK, INC.	

Principal Place of Business 1712 SW SANTA BARBARA PLACE CAPE CORAL FL 33991	Mailing Address 124 NORTH BREVARD AVENUE ARCADIA FL 34266
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1712 S.W. SANTA BARBARA PL Suite, Apt. #, etc.
City & State	City & State CAPE CORAL FLORIDA
Zip 33991	Country LEE



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2219885	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 WALDRON, EUGENE E 124 NORTH BREVARD AVENUE ARCADIA FL 34266	7. Name and Address of New Registered Agent Name LARRY S. HENDERSON Street Address (P.O. Box Number is Not Acceptable) 1712 S.W. SANTA BARBARA PLACE City CAPE CORAL FL Zip Code 33991
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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 *Larry S. Henderson* DATE 2-21-05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, LARRY S 1712 SW SANTA BARBARA PLACE CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Larry S. Henderson* **LARRY S. HENDERSON, PRESIDENT** Date 2/21/05 Daytime Phone # 239-772-5472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR