2005 FOR PROFIT CORPORATION .ANNUAL REPORT (AR)

SIGNATURE: Signature and typed on Printed Name of Signing Officer OR DIRECTOR

FILED Jan 24, 2005 08:00 AM DOCUMENT # G15362 **Secretary of State** 1. Entity Name GASPARILLA MOBILE ESTATES, INC. Principal Place of Business Mailing Address % HAROLD WHITCOMB % HAROLD WHITCOMB 8413 9TH AVENUE N.W. 2001 GASPARILLA RD PLACIDA FL 33946 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2243480 Not Applicable Charlotte Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired MANATER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITCOMB, HAROLD Street Address (P.O. Box Number is Not Acceptable) 8413 9TH AVENUE N.W. **BRADENTON FL 34209** City 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 accept the obligations of registered agent. HAROLD Whitermy 20) MN 05 Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition THE TITLE Change ☐ Delete WHITCOMB, HAROLD NAME NAME STREET ADDRESS 8413 9TH AVE N W STREET ADDRESS **BRADENTON FL** CITY ST-ZIP C11 Y - ST - Z1P ☐ Delete шц Change ☐ Addition WEICHEL, J. ALDEN NAME NAME 1400 8TH AVE. DR. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP City - \$1 - 20P ☐ Delete ☐ Addition Change Dhile U00000192035 □ ^{Change} 01/25/05-80002-011 150.00 HILL NAM! MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TOTALE NAME STREET ADDRESS STREFT ADDRESS ONTY-STE ZIP CITY-ST-ZIP Change ☐ Addition HILE DILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-MP COY-SE-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 7IP 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

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