


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90006 005 ***150.00

DOCUMENT # G75862
 1. Entity Name
GREYSTONE PARK MOBILE HOMES, INC.



Principal Place of Business Mailing Address
13300 EAST TAMIAMI TRAIL **13300 EAST TAMIAMI TRAIL**
NAPLES FL 33961-8708 **NAPLES FL 33961-8708**

34016094



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2354475 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GUIDISH, JAMES M.
13300 E. TAMIAMI TRAIL
NAPLES FL 33962

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.
 SIGNATURE JAMES M. Guidish 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUIDISH, JAMES M.	
STREET ADDRESS	13300 E. TAMIAMI TR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GUIDISH, JEROME	
STREET ADDRESS	13300 E. TAMIAMI TRAIL	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUIDISH, JAMES M.	
STREET ADDRESS	13300 TAMIAMI TRAIL E	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUIDISH, ELLEN	
STREET ADDRESS	13300 E TAMIAMI TRL	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDISH JEROME J.	
STREET ADDRESS	13300 E TAMIAMI TR	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JAMES M. GUIDISH 2/19/04 239-774-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #