


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 022 ***150.00

DOCUMENT # G96528	
1. Entity Name CAPRI MOBILE HOME OWNERS', INC.	

Principal Place of Business 24195 US HWY 19 LOT # 404 CLEARWATER FL 33763 US	Mailing Address 24195 US HWY 19 LOT # 404 CLEARWATER FL 33763 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2419156	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORD, EDWIN I. 2307 WEST BAY DRIVE LARGO, FL 33540	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	P HAGEN, JEAN 24195 US 19 N. - #434 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morton, Phyllis #438 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24195 US 19 N Clearwater 33763, Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, AVIS 24195 US HWY 19 N # 434 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN MATKOVIC #105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24195 US 19 N Clearwater Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ANNE 24195 US 19 N - #325 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete (moved)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAROFSKI, BETSY 24195 HWY 19 N, #404 CLEARWATER, FL 33763 <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	D CHABOT, MARY 24195 US HWY 19 N # 426 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete (moved)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DEVINE, TIM 24195 US HWY 19 N # 427 CLEARWATER, FL 33763 <input type="checkbox"/> Delete (Change)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Betsy L Barofski / Sealy-Thorne