


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90253 015 ***150.00

DOCUMENT # H60047					
1. Entity Name MO-TRAIL MOBILE HOME OWNERS INCORPORATED					
Principal Place of Business 5650 NEW TAMPA HWY 119 LAKELAND FL 33815 US			Mailing Address 5650 NEW TAMPA HWY 119 LAKELAND FL 33815 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2540965	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent BIDDLE, VIRGINIA R 565 NEW TAMPA HWY LOT 119 LAKELAND FL 33815				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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICHMEIR, ORBIN 5600 NEW TAMPA HWY #38 LAKELAND FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDRIDGE, HELEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5650+119 NEW TAMPA HWY LAKELAND FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRIDGE, BURT 5600 NEW TAMPA HWY #77 LAKELAND FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEED McMAHON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5650-123 NEW TAMPA HWY LAKELAND FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLSON, JO A 5650 NEW TAMPA HWY, #103 LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIDDLE, VIRGINIA R. 5650 NEW TAMPA HWY., #119 LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOOL, GORDON 5650 NEW TAMPA HWY #124 LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, MARLENE 5650 NEW TAMPA HWY #109 LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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MOORE CR2E034 (11/03)

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:

Virginia R. Biddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04
Date

863
688-7232
Daytime Phone #