

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 024 ***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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIDDLE, VIRGINIA R
565 NEW TAMPA HWY LOT 119
LAKELAND FL 33815**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ELDRIDGE, HELEN | |
| STREET ADDRESS | 5650-117 NEW TAMPA HWY | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ELDRIDGE, HELEN | |
| STREET ADDRESS | 5650-117 NEW TAMPA HWY | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CARLSON, JO A | |
| STREET ADDRESS | 5650 NEW TAMPA HWY, #103 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BIDDLE, VIRGINIA R. | |
| STREET ADDRESS | 5650 NEW TAMPA HWY., #119 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CLARK, MARY ELLEN | |
| STREET ADDRESS | 5650-102 NEW TAMPA HWY | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOEKHOOT, EDWIN | |
| STREET ADDRESS | 5600-37 NEW TAMPA HWY | |
| CITY-ST-ZIP | LAKELAND FL 33815 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GWEN EMERY | |
| STREET ADDRESS | 5600-42 NEW TAMPA HWY | |
| CITY-ST-ZIP | LAKELAND, FL 33815 | |
| 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 | | <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 exemptions contained in Section 119, 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 Biddle Mesner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

863-688-7232

Daytime Phone #