

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 022 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

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

Virginia R. Biddle VIRGINIA R. BIDDLE

3-15-07

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

(NOTE: For jointed Agent signature, required when non-stamping)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EMERY, GWEN ☐ Delete
STREET ADDRESS 5600-42 NEW TAMPA HWY
CITY ST/ZIP LAKELAND FL 33815

TITLE VP
NAME ELDRIDGE, HELEN ☒ Delete
STREET ADDRESS 5650-117 NEW TAMPA HWY
CITY ST/ZIP LAKELAND FL 33815

TITLE SD
NAME CARLSON, JO A ☐ Delete
STREET ADDRESS 5650 NEW TAMPA HWY, #103
CITY ST/ZIP LAKELAND FL

TITLE TD
NAME BIDDLE, VIRGINIA R. ☐ Delete
STREET ADDRESS 5650 NEW TAMPA HWY., #119
CITY ST/ZIP LAKELAND FL

TITLE D
NAME CLARK, MARY ELLEN ☐ Delete
STREET ADDRESS 5650-102 NEW TAMPA HWY
CITY ST/ZIP LAKELAND FL 33815

TITLE D
NAME BOEKHOOT, EDWIN ☒ Delete
STREET ADDRESS 5600-37 NEW TAMPA HWY
CITY ST/ZIP LAKELAND FL 33815

TITLE
NAME
STREET ADDRESS
CITY ST/ZIP ☐ Change ☐ Addition

TITLE
NAME ERIC DAGG ☒ Change ☐ Addition
STREET ADDRESS 5650-113 NEW TAMPA HWY
CITY ST/ZIP LAKELAND, FL 33815

TITLE
NAME
STREET ADDRESS
CITY ST/ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST/ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST/ZIP ☐ Change ☐ Addition

TITLE
NAME ARLENE BOEKHOOT ☒ Change ☐ Addition
STREET ADDRESS 5600-37 NEW TAMPA HWY
CITY ST/ZIP LAKELAND, FL 33815

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:

Jo Ann Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 682-9868

Date

Telephone #