

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H91926

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** EMBASSY MOBILE PARK, INC.

**Current Principal Place of Business:**

LOT 1800 16416 U.S. HWY 19 N.  
CLEARWATER, FL 34624

**New Principal Place of Business:**

**Current Mailing Address:**

4691 LAUREL OAK LN NE  
ST PETERSBURG, FL 33703 US

**New Mailing Address:**

**FEI Number:** 59-2627862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSON, WALTER I.  
4691 LAURAL OAK LANE NE  
ST. PETERSBURG, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LARSON, WALTER I.  
Address: 4691 LAURAL OAK LANE NE  
City-St-Zip: ST PETERSBURG, FL

Title: D  
Name: LARSON, MARJORIE E.  
Address: 4691 LAURAL OAK LANE NE  
City-St-Zip: ST PETERSBURG, FL

Title: D  
Name: LARSON, DAVID V.  
Address: 4691 LAUREL OAK LANE NE  
City-St-Zip: ST PETERSBURG, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER I LARSON

PRES

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date