2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

DOCUMENT # J08811 1. Entity Name SOUTH PASADENA MOBILE HOME PARK, INC.						04-03-2008	8 90027 013 ***1	50.00	
Principal Place of Business Maiting Address			<u> </u>		∮ ⊈υυυν	,			
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801 64TH ST S ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707			2707						
31.1 E1ERODORO, 1E 33707			3707		1 186918 810	DAINT (RINT (B)B) ITANI KA	i kisil sisil diril sibil rigil bi	E11991 11 1881	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
2. Principal Place of Business - No P.O. Box # 3. Manning Address						UNIE (E12) INIE) (ILEF EIE	B		
Suite, Apl. #, etc.		Suite, Apt. #, etc.			03072008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numbe		 	pplied For	
Zip	Zip Country Zip		Country		59-2740	04/5		ot Applicable	
2.0	Country	2.0	Country		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Requin		
	6. Name and Address of Current F	legistered Agent	Nam		7. Name and	Address of New R	legistered Agent		
MOLACULAN BRYANK				€					
MCLACHLAN, BRYAN K 9750 SEMINOLÉ BLVD				Street Address (P.O. Box Number is Not Acceptable)					
P.O. BOX 7427							· · · · · · · · · · · · · · · · · · ·		
SEMINOLE, FL 33775			- Cit.						
<u> </u>			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.									
OLO WITH THE									
SIGNATURE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	P	☐ Delete	TITLE	IP_	. ~		Change	Addition	
NAME	ANSTEY, CLAUDE		NAME	Ju	họ Dạis	las . South, L	at the life	, ,	
STREET ADORESS CITY-ST-ZSP	801 64TH ST SOUTH LOT # 56 ST. PETERSBURG, FL 33707		STREET ADORE	_ଅ ୫୦	-641KSt	. South, F	DL # 171		
TITLE	VP	☐ Delete	TITLE	V P		G, FL 3	S TO	Addition	
NAME	LINTON, MURRAY	L Desait	NAME		L'	nten	•	Accident	
STREET ADDRESS	801-64TH SOUTH LOT 113		STREET ADDRE	s o	1-LHTRS	outh hot	#168		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	37	Peters	burs-FL	33707		
TITLE	D	Detete	MILE	D		- O	Change	Addition	
NAME	IVEY, EILEEN	, ,	NAME	, Sa	indra 4	c (fautt	A Hilaik	•	
STREET ADORESS CITY-ST-ZIP	801 64TH ST. S. LOT# 23		STREET ADDRE	ଃ ୫୦	1 7644	South, L	at #64		
	ST. PETERSBURG, FL 33707		···	15	· Kalers	3U.T.Y. 1-1 (וטן טע		
TITLE NAME	D HODDER, LINDSAY	C. Detete	TITLE NAME		lande	Anster	(Li Change	Addition	
STREET ADDRESS	801-64TH SOUTH LOT 113		STREET ADDRE	ıs e	301 - 64	& South	1 Lot #66	,	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	3	H. Poler	shung. F	Change Lot #66 L 33707		
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	NAIRN, BRUCE		NAME	i					
STREET ADDRESS	801 64TH ST SOUTH LOT # 54		STREET ADDRE	is					
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	•••	CITY-SI-ZIP						
TITLE	D	Delete	TITLE				Change	Addition	
NAME	SMITH, CARL		NAME						
STREET ADDRESS	801 64TH ST. SOUTH LOT#68		STREET ADDRE	S					
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CITY-ST-ZIP		d in Charter 440	Gadda Charana	E. alana and the second	:_£	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 it made under oath; that I am an officer or director.									

(2.1) hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 eath; 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

ATURE AND TYPED OR PRINTED MANES OF BIGHING OFFICER OR DIRECTO

Mar 14/08.

(727) 381-372