

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J13892

1. Entity Name
WALDROP'S MOBILE HOME PARK, INC.



Principal Place of Business
**P O BOX 4829
PANAMA CITY, FL 32401**

Mailing Address
**P O BOX 4829
PANAMA CITY, FL 32401**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2674821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JELKS JR., ALLEN M. ESQ.
239 EAST FOURTH STREET
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD WALDROP, BETTY J. 2306 ASHLAND ROAD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIXON, GARY P.O. BOX 4829 N/A PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIXON, LARRY P.O. BOX 4829 N/A PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/02/04-80132-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Betty J Waldrop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04
Date Daytime Phone #