

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**


04-10-2006 90315 028 \*\*\*150.00

00060147



**DOCUMENT # J13892**

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



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

2. Principal Place of Business      3. Mailing Address  
*Waldrop Mobile Home*      *P.O. Box 15354*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Panama City Fl Bay 32401*

Zip      Country      Zip      Country

03232006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2674821**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

*N.*  
**JELKS JR., ALLEN W. ESQ.**  
~~200 EAST FOURTH STREET~~ *516 McKenzie Ave.*  
**PANAMA CITY, FL 32401**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD WALDROP, BETTY J. 2306 ASHLAND ROAD PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIXON, GARY P.O. BOX 4829 N/A PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIXON, LARRY P.O. BOX 4829 N/A PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 President*      *3-31-06*      *850763-3908*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

60025/47

ALLEN N. JELKS, JR., P.A.

#J13892

ATTORNEY AND COUNSELOR AT LAW

516 MCKENZIE AVENUE

PANAMA CITY, FLORIDA 32401

TELEPHONE (850) 784-0809

FACSIMILE (850) 784-0806

E-MAIL: ALLENJELKS@YAHOO.COM

April 5, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Waldrop Mobile Home Park

Dear Sir or Madame:

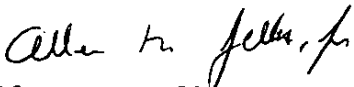
Enclosed is the "2006 for Profit Corporation Annual Report" signed by Betty Waldrop with corrections along with a check made payable to the FLORIDA DEPARTMENT OF STATE in the amount of \$150.00 for the filing of same.

If you have any questions, or if there is a problem with this procedure, please contact our office.

Thank you.

Very truly yours,

ALLEN N. JELKS, JR., P.A.

  
Allen N. Jelks, Jr.

Enclosures: As Stated

cc: Betty Waldrop