


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # J21938

1. Entity Name
SCHALAMAR CREEK MOBILE HOME SALES, INC.



Principal Place of Business Mailing Address

4500 U.S. 92 EAST 4500 U.S. 92 EAST
 SUITE 1030 SUITE 1030
 LAKELAND, FL 33801 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2783279 Not Applicable

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

6. Name and Address of Current Registered Agent

KNAPP, RANDALL L.
 4500 HWY. 92 EAST
 SUITE 1030
 LAKELAND, FL 33801

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 _____ (NOTE: Registered Agent's signature required when rechartering) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

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	PD KNAPP, RANDALL L. 4500 HWY 92 EAST, SUITE 1030 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD KNAPP, DONALD O. 4500 HWY 92 E., SUITE 1030 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD KNAPP, MERLYN V. 4500 HWY 92 E., SUITE 1030 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000161367
 05/24/04-80005-015 150.00

DO NOT WRITE 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 (863) 665-0185
Date Daytime Phone #