

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90248 040 \*\*\*150.00

**DOCUMENT # J81319**

1. Entity Name  
**STARLING MOBILE HOME PARK, INC.**



Principal Place of Business  
**1400 N 15TH ST  
SUITE A  
IMMOKALEE, FL 34142 US**

Mailing Address  
**1400 N 15TH ST  
SUITE A  
IMMOKALEE, FL 34142 US**

**54030611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2830783**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, ROBERT M. JR  
1400 SUITE A N 15TH ST  
IMMOKALEE, FL 34142**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **STARLING, MARTHA LOUISE**  
STREET ADDRESS **P O BOX 5160/NA**  
CITY-ST-ZIP **IMMOKALEE, FL**

TITLE ☒ Change ☐ Addition  
NAME **549 Sunset Pointe Drive**  
STREET ADDRESS **LAKE PLACID - FL - 33852**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BATES, CECILIA**  
STREET ADDRESS **POB 853/NA**  
CITY-ST-ZIP **IMMOKALEE, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*4/7/04*  
Date

*863-465-0805*  
Daytime Phone #