2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # K10831

WESTWOOD MOBILE PARK, INC.



FILED Jan 06, 2006 08:00 AM **Secretary of State**

Principal Place of Business

3210 NORTH U.S. #1, MIMS, 32754-3703 P.O. BOX 6333

TITUSVILLE, FL 32782-3333

Mailing Address

P. O. BOX 6333 P.O. BOX 6333

TITUSVILLE, FL 32782-6333 US



01032006

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-2875659

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAULDIN, WM. 3210 NORTH U.S. #1 MIMS, FL 32754

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8.	. The above named entity submits this statement for the purpose of changing its registered office or reg	gistered agent, or both, in the State of Florida. I a	am familiar with, and accept
	the obligations of registered agent.	នេះមានដែលវិសី គឺ កែ	2
		Terminal Commence	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature regulred when reinstating)

01709708-80022-672_1<u>50.90</u>

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 DIREC	TORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAULDIN, WM. 3210 NORTH U.S. #1 MIMS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAULDIN, WILLIAM 3210 NORTH U.S. HWY #1 MIMS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS			

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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: W. Saucain IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. GAULDIN, PR.

Daytime Phone #