

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17286

FILED
Apr 21, 2008
Secretary of State

Entity Name: HIBISCUS MOBILE HOME PARK, INC.

Current Principal Place of Business:

C/O WILLIAM A MORRISON
3131 W. 16TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM A MORRISON
3131 W. 16TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, WILLIAM A DIR.
3131 WEST 16TH AVE.
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MORRISON, WILLIAM A.,
Address: 1328 SW 14TH STREET
City-St-Zip: MIAMI, FL 33145

Title: PTD () Delete
Name: MORRISON, ALICE
Address: 159 WESTMINSTER DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: MORRISON, RICHARD
Address: 8443 SUMMER FIELD PLACE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: TRAINOR, PATRICIA M
Address: 400 JAMES STREET
City-St-Zip: KING OF PRUSSIA, PA 91406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MORRISON

DIR

04/21/2008

Electronic Signature of Signing Officer or Director

Date