

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17286

FILED  
Jan 05, 2012  
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  
1328 S.W. 14TH STREET  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 57-0865478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, WILLIAM A DIR.  
1328 S.W. 14TH STREET  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: TRAINOR, PATRICIA M  
Address: 400 JAMES STREET  
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. MORRISON

MD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date