

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # K28976

1. Entity Name
LITTLE CHARLIE CREEK R. V. PARK, INC.



Principal Place of Business
HIGHWAY 664 A
WAUCHULA, FL 33873

Mailing Address
1075 HIGHWAY 17 SOUTH
P.O. BOX 815
WAUCHULA, FL 33873-0815



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number 65-0068978 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN E. SNOW, JR.
200 LAKE MORTON DRIVE
SUITE 300
LAKELAND, FL

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPMAN, A.R.
STREET ADDRESS	1075 HIGHWAY 17 SOUTH
CITY-ST-ZIP	WAUCHULA, FL
TITLE	D
NAME	PARRISH, R. WAYNE
STREET ADDRESS	1075 HIGHWAY 17 SOUTH
CITY-ST-ZIP	WAUCHULA, FL
TITLE	D
NAME	PARRISH, CYNTHIA C.
STREET ADDRESS	1075 HIGHWAY 17 SOUTH
CITY-ST-ZIP	WAUCHULA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/08-80033-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Cynthia C. Parrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CYNTHIA C. PARRISH

2/28/08 863773-3161

Date

Daytime Phone #