


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90083 030 \*\*\*150.00

<b>DOCUMENT # K69380</b>	
1. Entity Name <b>NAPLES MOBILE HOME AND R.V. PARK, INC.</b>	

Principal Place of Business <b>2150 GOODLETTE RD SUITE 700 NAPLES FL 34102 US</b>	Mailing Address <b>2150 GOODLETTE RD SUITE 700 NAPLES FL 34102 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2634 9th STREET N.</b> Suite, Apt. #, etc.	3. Mailing Address <b>436 BAYFRONT PLACE</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>	4. FEI Number <b>65-0183099</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>34102-6454</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STONEBURNER, KEVIN L. 2150 GOODLETTE ROAD SUITE 700 NAPLES FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>436 BAYFRONT PLACE</b> City <b>NAPLES</b> Zip Code <b>FL 34102-6454</b>	
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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, applicable. (NOTE: Registered Agent signature required when re-registering.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>LOFGREN, DARLENE S.</b> <b>1010 GALLEON DR</b> <b>NAPLES FL 34102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Kevin Stoneburner** **02/01/07** **239-649-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #