2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45264

Entity Name: PETE'S TRAILER PARK, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1300 N 15 ST 1300 N 15 ST 1300 N 15 ST SUITE # 1

IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

1300 N 15 ST 1300 N 15 ST 1301 N 15 ST SUITE # 1

IMMOKALEE, FL 34142

FEI Number: 65-0170669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILLIAMS, CARRIE WILLIAMS, CARRIE 1300 N 15 ST

IMMOKALEE, FL 33934 US SUITE # 1
IMMOKALEE, FL 33934 US

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: 01/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. () Delete Title: DIR. (X) Change () Addition

 Name:
 WILLIAMS, JAMES E JR
 Name:
 WILLIAMS, JAMES E JR

 Address:
 1300 N 15 ST
 Address:
 1300 N 15 ST- SUTE # 1

 City-St-Zip:
 IMMOKALEE, FL 34142
 City-St-Zip:
 IMMOKALEE, FL 34142

ity-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

Title: PRES () Delete Title: PRES (X) Change () Addition Name: WILLIAMS, DIANE R. WILLIAMS, DIANE R.

Name: WILLIAMS, DIANE R. Name: WILLIAMS, DIANE R. Address: 1300 N. 15TH STREET SUITE #1

City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

Only of 21p. Invitation (EEE, 1 E 04142

Title: S-T () Delete Title: S-T (X) Change () Addition Name: WILLIAMS, CARRIE Name: WILLIAMS, CARRIE

Address: 1300 N 15TH STREET Address: 1300 N 15TH STREET- SUITE # 1

City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

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: CARRIE WILLIAMS S.T. 01/09/2008