

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 031 ***150.00

DOCUMENT # M67405

1. Entity Name
ORANGE BLOSSOM R.V. PARK, INC.



Principal Place of Business
**2829 HWY 17 N
BOWLING GREEN, FL 33834-6776**

Mailing Address
**2829 HWY 17 N
BOWLING GREEN, FL 33834-6776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0041173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, L.V.
2829 HWY 17 N
BOWLING GREEN, FL 33834**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
ELLIS, L.V.
2829 HWY 17 N
BOWLING GREEN, FL 33834**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
ELLIS, RUTH E.
2809 THEATER ROAD
BOWLING GREEN, FL 33834**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
ELLIS, RICHARD L
193 BOSTICK ROAD
BOWLING GREEN, FL 33834**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
ELLIS, MACK V
185 WEST VIEW DR.
ALMA, MI 48801**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Richard Ellis **Richard Ellis - Sec.** 2/6/06 863-773-2282or
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0626