2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\alpha \)

è

Jan 18, 2007 8:00 am Secretary of State **DOCUMENT # M67405** 01-18-2007 90098 009 ***150.00 ORANGE BLOSSOM R.V. PARK, INC. Principal Place of Business Mailing Address 2829 HWY 17 N 2829 HWY 17 N BOWLING GREEN, FL 33834-6776 BOWLING GREEN, FL 33834-6776 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Same Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01122007 Applied For City & State 4. FEI Number 65-0041173 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard L. Ellis ELLIS, L.V. Street Address (P.O. Box Number is Not Acceptable) 193 Bostick Road 2829 HWY 17 N BOWLING GREEN, FL 33834 City Bowlina Green 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE **K**Change ☐ Addition TITLE Delete Ellis, L.V. 2801 Theater Rd ELLIS, L.V. NAME NAME Bowling Green, Fl 33834 Ellis, Ruth 2801 Theater Rd STREET ADDRESS STREET ADDRESS 2829 HWY 17 N BOWLING GREEN, FL 33834 CITY-ST-ZIP CITY-ST-7IP DV **⊠**Change TITLE ☐ Delete TITLE ELLIS, RUTH E. NAME NAME 2809 THEATER ROAD STREET ADDRESS STREET ADDRESS BOWLING GREEN, FL 33834 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME ELLIS, RICHARD L NAME STREET ADDRESS 193 BOSTICK ROAD STREET ADDRESS BOWLING GREEN, FL 33834 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE DS Delete TITLE ELLIS, MACK V NAME NAME STREET ADDRESS 185 WEST VIEW DR. STREET ADDRESS ALMA, MI 48801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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

FILED