

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M67405**

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



Principal Place of Business

**2829 U.S. HWY 17N  
BOWLING GREEN, FL 33834-6776**

Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0041173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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	DP
NAME	ELLIS, L.V.
STREET ADDRESS	2801 THEATER RD
CITY- ST- ZIP	BOWLING GREEN, FL 33834
TITLE	DV
NAME	ELLIS, RUTH E.
STREET ADDRESS	2801 THEATER RD
CITY- ST- ZIP	BOWLING GREEN, FL 33834
TITLE	DS
NAME	ELLIS, RICHARD L
STREET ADDRESS	193 BOSTICK ROAD
CITY- ST- ZIP	BOWLING GREEN, FL 33834
TITLE	DS
NAME	ELLIS, MACK V
STREET ADDRESS	185 WEST VIEW DR.
CITY- ST- ZIP	ALMA, MI 48801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000832304  
02/27/08-80054-001 150.00

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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:**

*Richard Ellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #