

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 006 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N05000001063</b><br>1. Entity Name<br><b>MOBILE MANOR WATER COMPANY, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>150 LATERN LANE<br/>NORTH FORT MYERS, FL 33917</b>   |   |   | Mailing Address<br><b>150 LATERN LANE<br/>NORTH FORT MYERS, FL 33917</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><b>40 BENSON'S INC</b>  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br><b>12650 WHITEHALL DR</b>                                    |  |   |  |
| City & State   |   | City & State<br><b>FORT MYERS, FL</b>   |  |   |  |
| Zip  | Country   | Zip<br><b>33907</b>   | Country  | 4. FEI Number<br><b>13-4289228</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOBILE MANOR, INC<br/>150 LANERN LANE<br/>NORTH FORT MYERS, FL 33917</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>VANDALL BONITA D.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12650 WHITEHALL DR</b><br>City <b>FORT MYERS FL</b> Zip Code <b>33907</b> |   |  |
| 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.<br><br>SIGNATURE <u>Bonita D. Vandall</u> <b>BONITA D. VANDALL</b> 2-13-08<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>SCHMIDT, PAUL</b><br><b>150 LANERN LN</b><br><b>NORTH FORT MYERS, FL 33917</b> <input type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>HAWKINS, TOM</b><br><b>150 LANERN LN</b><br><b>N FT MYERS, FL 33917</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>DOOLIN, HAROLD</b><br><b>150 LANERN LANE</b><br><b>NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br><b>GASKILL ROGER</b><br><b>124 TORCH LN</b><br><b>N FT MYERS, FL 33917</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>KINDEP, LENA</b><br><b>150 LANERN LN</b><br><b>NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>GILLILAND SANDRA</b><br><b>112 LANERN PL</b><br><b>N FT MYERS, FL 33917</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>MARTIN, ROBERT B</b><br><b>150 LANERN LN</b><br><b>NORTH FORT MYERS, FL 33917</b> <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PPD<br><b>MARTIN, ROBERT</b><br><b>110 AMBER AVE</b><br><b>N FT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>KINDER, HAROLD</b><br><b>150 LANERN LN</b><br><b>NORTH FORT MYERS, FL 33917</b> <input type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>CHALFIN, KATHLEEN F</b><br><b>150 LANERN LANE</b><br><b>NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>KINDER, LONA</b><br><b>138 LANERN LN</b><br><b>N FT MYERS, FL 33917</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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: <u>Tom Hawkins</u> <b>2/26/2008</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |

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