2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

| 8. Name and Address of Gurrent Registered Agent LAYTON, JOHN 319 BOTTLEBRUSH DR LABELLE, FL 33935 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 acc the obligations of registered agent. SIGNATURE Synature, typed or printed name of registered agent and stie if applicable. (NOTE Registered Agent signature required when rainstating). DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS INC. DATE 10. OFFICERS AND DIRECTORS | OCUMENT # P0000032756 Entity Name APLE CORNER MODULAR HOME PARK, INC. | | | | | | |
|---|--|---|---|--|---|--|---|
| DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0989024 No Chg-P CR2E034 (10/03) 5. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent LAYTON, JOHN 319 BOTTILEBRUSH DR LABELLE, FL 33935 1. 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 acc the obligations of registered agent. SIGNATURE Squalure, hyped or printed came of registered agent. PILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Prust Fund Contribution. 10. OFFICERS AND DIRECTORS LAYTON, JOHN | 9 BOTTLEBRUSH DR 319 BOTTLEBRUSH DR | | | | ii sala (ila ile | ECO CINNERS MANINE ASSINGUES AS INDRE | |
| LAYTON, JOHN 319 BOTTLEBRUSH DR LABELLE, FL 33935 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when retrestating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS INC. DATE 110. OFFICERS AND DIRECTORS | DO NOT WRITE IN THIS SI | PACE | 04022004 4. FEI Numb 65-098 | No Chg-P er 39024 | CR2E03 | 34 (10/03) Applied For Not Applicable \$8.75 Additional | e |
| 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). PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 14/12/04-80027-023 150.00 10. OFFICERS AND DIRECTORS INTLE D NAME LAYTON, JOHN | LAYTON, JOHN 319 BOTTLEBRUSH DR LABELLE, FL 33935 | | | | | | |
| 10. OFFICERS AND DIRECTORS TIFLE D NAME LAYTON, JOHN | he obligations of registered agent. NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE if FILE NOW!!! FEE IS \$150.00 9. Election Campaign | equatored Again signature require | ed when reinstaling) | ¥10 11 ya (14x) #10 11 ya (14x) | ₽ ₂ DATE | ्रास्ट्रेडम इ.स. | |
| SIREET ADDRESS 319 BOTTLEBRUSH DR CITY-ST-ZIP LABELLE, FL 33935 TITLE D NAME LAYTON, ALMA STREET ADDRESS 319 BOTTLEBRUSH DR CITY-ST-ZIP LABELLE, FL 33935 | OFFICERS AND DIRECTORS LAYTON, JOHN STADDRESS 319 BOTTLEBRUSH DR LABELLE, FL 33935 D LAYTON, ALMA STADDRESS 319 BOTTLEBRUSH DR | LEION. L. AO | ided to rees | 04/12/04- | 80027- | 023 150.00 | _ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | ac. ≠** | | | | | |
| STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered. | ET ADDRESS ET ADDRESS -ST-ZIP | e exemption stated in S signature shall have the required by Chapter 60 | Section 119.07(3) are legal effects of Florida Statut | (î), Florida Statutes. ct as if made under ces; and that my nam | I further certicath, that I as a appears in | illy that the information or an officer or director in Block 10 or Block 11 if | |