

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000113217**

1. Entity Name  
**MAGANA MOBILE HOME PARK, INC.**



Principal Place of Business  
**2232 MALLORY CIRCLE  
HAINES CITY, FL 33844-2409**

Mailing Address  
**2232 MALLORY CIRCLE  
HAINES CITY, FL 33844-2409**



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3717751**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**MAGANA, ALFREDO  
2232 MALLORY CIRCLE  
HAINES CITY, FL 33844-2409**

**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

**U000000895621  
04/24/08-80074-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **MAGANA, ALFREDO**  
STREET ADDRESS **2232 MALLORY CIRCLE**  
CITY-ST-ZIP **HAINES CITY, FL 338442409**

TITLE **D**  
NAME **MAGANA, ROSA E**  
STREET ADDRESS **2232 MALLORY CIRCLE**  
CITY-ST-ZIP **HAINES CITY, FL 338442409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** Alfredo Magaña Alfredo Magaña

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-08 863.421-2827  
Date Daytime Phone