2004 FOR PROFIT CORPORATION

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ANNUAL REPORT DOCUMENT # P01000003368 1. Entity Name RIVERWOODS MOBILE HOME PARK, INC.

FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business 4860 WEST GANDY BLVD. TAMPA, FL 33611

Mailing Address

4860 WEST GANDY BLVD. TAMPA, FL 33611



04142004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	NOT APPLICABLE

Applied For Not Applicable

			5. Certifica	te of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current Regist	ered Agent				
CARREJA, MINDY L ESQ. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			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. Stignature Signature, types or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rensisting) Date						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees	000000113283 04/15/04-80003-009 150.00		
10.	OFFICERS AND DIREC	TORS				
HITLE NAME STREET ADDRESS CHY-ST-ZIP	P NAULT, JAMES P 4860 W GRADY BLVD TAMPA, FL 33611					
RRE						

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12. It hereby certify that the information supplied with this filting 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 director of the corporation or the received 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 any address with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-DP

NAME STREET ADDRESS City-St-ZiP

NAME STREET ADDRESS CITY-ST-ZIP

> Jomes RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR