


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90222 012 \*\*\*158.75

**DOCUMENT # P01000082254**

1. Entity Name  
**OCHLOCKONEE RIVER MOBILE HOMES & R.V.S, INC.**




Principal Place of Business      Mailing Address

**8821 W. TENNESSEE  
TALLAHASSEE, FL 32310**      **8821 W. TENNESSEE  
TALLAHASSEE, FL 32310**

**DO NOT WRITE IN THIS SPACE**

20040000



04142005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3741795**      Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

**JOHNSON, WAHNA FAYE**  
~~24378 LANIER ST.~~ *8821 West Tennessee St,*  
**TALLAHASSEE, FL 32310** *32304*

**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: *Wahna Faye Johnson*      DATE: *4-18-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, WAHNA FAYE PO BOX 20033 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Johnson, Wahna Faye P.O. Box 20033 Tallahassee, FL 32316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*I forgot to enclose check. Thank you for*

**DO NOT WRITE IN THIS SPACE**

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 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: *Wahna Faye Johnson*      DATE: *4-18-05*      (850) 575-4467

Signature and typed or printed name of secretary, officer or director      Date      Daytime Phone #