

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000089970

1. Entity Name
WESLEY MOBILE HOME PARK, INCORPORATED



**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90456 042 ***150.00

Principal Place of Business

520 SE 17TH PLACE
OCALA, FL 34471

Mailing Address

520 SE 17TH PLACE
OCALA, FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
20 - 0155531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIANG, BRIAN
832 NORTH THORNTON AVENUE
ORLANDO, FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TSAI, WEN LIAN
STREET ADDRESS 5801 S. PINE AVENUE
CITY-ST-ZIP OCALA, FL 34480

Delete

TITLE

Change

Addition

TITLE TD
NAME LIU, MEI YUN
STREET ADDRESS 520 SE 17TH PLACE
CITY-ST-ZIP OCALA, FL 34471

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
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CITY-ST-ZIP

Delete

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Change

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CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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:

Wesley Tsai

Tsai, Wen Lian

4/30/04 (352) 867-1137

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #