

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90426 036 \*\*\*150.00

**DOCUMENT # P04000031558**

1. Entity Name  
**THOMAS LANDING RV & FISH CAMP, INC.**



Principal Place of Business  
**3952 SAM KEEN RD.  
LAKE WALES, FL 33898 US**

Mailing Address  
**3952 SAM KEEN RD.  
LAKE WALES, FL 33898 US**

**50018139**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0862886**

Applied For  
Not Applicable

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

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

**EVANS, BETTY B  
3952 SAM KEEN RD.  
LAKE WALES, FL 33898**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	EVANS, BETTY B
STREET ADDRESS	3952 SAM KEEN RD.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	VP
NAME	ARNOLD, CHANSEE L
STREET ADDRESS	1590 CLERMONT DR., #101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	S
NAME	MYERS, LINDA
STREET ADDRESS	1201 SOLANA RD., #5
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	T
NAME	MYERS, LINDA
STREET ADDRESS	12021 SOLANA RD., #5
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 another like empowered.

SIGNATURE: Betty Bowen Evans, Pres. 4/27/06 863-692-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #