2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000050622 04-29-2005 90281 042 ***150.00 MCINTYRE MOBILE HOME PARK, INC. Principal Place of Business Mailing Address 7650 HWY. 78 WEST 7650 HWY. 78 WEST OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 2. Principal Place of Business 3. Mailing Address 103 Plum Ridge Way 103 Plum Ridge Way Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For Sellersburg. Not Applicable Sellersburg applied for Country Country \$8.75 Additional 5. Certificate of Status Desired 47172-9089 USA 47172-9089 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Colin M. Cameron, Esq.</u> MCINTYRE; GERALD. Street Address (P.O. Box Number is Not Acceptable) 200 NE 4th Avenue 7850 HWY: 78 WEST OKEECHOBEE, FL 34974 City Okeechobee 8. The above named entity submits his 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 g Colin M. Cameron. (NOTE. Registered Agent signature required when reinstating) SIGNATURE. Signatura, typed or printed name of registered agent and tipe if applicable 9. Election Campaign Financing \$5.00 May Be "FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. M. 44. WA - 🗆 Added to Fees , OFFICERS AND DIRECTORS 10. 11. 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Celete TITLE Change PD MAME MCINTYRE, GERALD NAME McIntyre, Gerald STREET ADDRESS 7650 HWY: 78 WEST STREET ADDRESS OKEECHOBEE FL 34974 CITY-ST-ZE CITY-ST-ZIP 103 Plum Ridge Way, Sellersburg, IN 47172 TITLE Delete ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-51-2P TITLE ☐ Detete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS City-81-792 CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITL F ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP COY-ST-7P TITLE Colete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-51-72 CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowerful 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 attachme SIGNATURE:-

FILED

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