

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000053417

FILED
Sep 08, 2006
Secretary of State

Entity Name: MEADE MANOR MOBILE ESTATES. INC.

Current Principal Place of Business:

PO BOX 871
OCKLAWAHA, FL 32183

New Principal Place of Business:

Current Mailing Address:

PO BOX 871
OCKLAWAHA, FL 32183

New Mailing Address:

FEI Number: 20-0934366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEADE, GREGORY
PO BOX 871
OCKLAWAHA, FL 32183 US

Name and Address of New Registered Agent:

MEADE, RALPH G
PO BOX 871
OCKLAWAHA, FL 32183 US

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.

SIGNATURE: RALPH G. MEADE

09/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEADE, GREGORY
Address: PO BOX 871
City-St-Zip: OCKLAWAHA, FL 32183 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEADE, RALPH G
Address: PO BOX 871
City-St-Zip: OCKLAWAHA, FL 32183 US

Title: VP () Change (X) Addition
Name: MEADE, KAREN E
Address: PO BOX 871
City-St-Zip: OCKLAWAHA, FL 32183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH G. MEADE

PRES

09/08/2006

Electronic Signature of Signing Officer or Director

Date