2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCUMENT # P06000112521 1. Entity Name JACK MOBILE HOME PARK, INCORPORATED						03-03-2008	90197 019) ***150	0.00	
Principal Place 2610 SE 677 OCALA, FL 3	TH STREET	Mailing Address 4658 SE 115 STREET LOT 10 BELLEVIEW, FL 34420			10036800					
	ace of Business - No P.O. Box #	3. Mailing Address 2610 SE 67th	ST							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222008	Chg-P	CR2E034			
City & State		OCALA, FL			4. FEI Numbe 20-5752			— — —	plied For t Applicable	
Žip	Country		Country		5. Certificate	of Status Desired	□ \$8 Fe	3.75 Add e Required	itional 1	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New R	egistered Age	ent		
TSAI, YIAO LING				Street Address (P.O. Box Number is Not Acceptable)						
BELLEVIEW, FL 34420				>6(0 SE 67th ST						
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE PATE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be										
After Ma	ay 1, 2008 Fee will be \$550.				d to Fees					
10.	OFFICERS AND		11.	P.	ADDITIONS/	CHANGES TO OFF		IRECTORS Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TSAI, YIAO LING 4658 SE 115 STREET, LOT 10 BELLEVIEW, FL 34420	Delete	NAME STREET ADDRESS CITY-ST-ZIP	261	AI, CH O SE NA	HU CHI 6746 ST FL 344	IN 9 T 80	Change	Accitor	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	STD TSAI, CHIH HUNG 4658 SE 115 STREET, LOT 10 BELLEVIEW, FL 34420	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	75A 261 DU	-1, CH 0 SE +LA. I	1H HUN 67+45 -L 3448	IG) T	₫ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	. ;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>-</u>	·	_ Change	Addilion	
12. I hereby indicated	certify that the information supplied with lon this report or supplemental report is	n this filling does not qualify for the style and accurate and that my s	ne exemptions o signature shall h	contained nave the s	in Chapter 119 ame legal ellec), Florida Statutes. I et as if made under	I further certify oath; that I am	that the in an officer	or director	

of the corporation of the received or trifstee 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.

AT HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR