

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90101 006 ***150.00

DOCUMENT # P92000009461 1. Entity Name 21 PALMS RV RESORT, INC.																																																																																																																																																					
Principal Place of Business 6951 OSCEOLA POLK LINE RD DAVENPORT FL 33837 US			Mailing Address 6951 OSCEOLA POLK LINE RD DAVENPORT FL 33837 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		4. FEI Number 65-0378825																																																																																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent DYKGRAAF, NATHAN D SR 6951 OSCEOLA POLK LINE RD DAVENPORT FL 33837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																	
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.				FL Zip Code																																																																																																																																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)																																																																																																																																																					
DATE _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DYKGRAAF, NATHAN SR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6951 OSCEOLA POLK LINE RD DAVENPORT FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DYKGRAAF, NATHAN D J</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3325 BUTLER BAY DR NORTH</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE FL 34786</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DYKGRAAF, MARTHA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6951 OSCEOLA POLK LINE RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVENPORT FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DYKGRAAF, BRENDA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7550 HNSON ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	DYKGRAAF, NATHAN SR		STREET ADDRESS			CITY-ST-ZIP	6951 OSCEOLA POLK LINE RD DAVENPORT FL		CITY-ST-ZIP			TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DYKGRAAF, NATHAN D J		NAME			STREET ADDRESS	3325 BUTLER BAY DR NORTH		STREET ADDRESS			CITY-ST-ZIP	WINDERMERE FL 34786		CITY-ST-ZIP			TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DYKGRAAF, MARTHA		NAME			STREET ADDRESS	6951 OSCEOLA POLK LINE RD		STREET ADDRESS			CITY-ST-ZIP	DAVENPORT FL		CITY-ST-ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DYKGRAAF, BRENDA		NAME			STREET ADDRESS	7550 HNSON ST		STREET ADDRESS			CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.																																																																																																																																																					
SIGNATURE: <u>Nathan Dykgraaf Sr.</u>																																																																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					
Date <u>2/27/07</u> Daytime Phone # <u>4073979119</u>																																																																																																																																																					