

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2008 08:00 AM
Secretary of State

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

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0378825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYKGRAAF, NATHAN D SR
6951 OSCEOLA POLK LINE RD
DAVENPORT FL 33837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME DYKCRAAF, NATHAN SR
STREET ADDRESS 6951 OSCEOLA POLK LINE RD
CITY-STATE-ZIP DAVENPORT FL

TITLE DV ☐ Delete
NAME DYKGRAAF, NATHAN D J
STREET ADDRESS 3325 BUTLER BAY DR NORTH
CITY-STATE-ZIP WINDERMERE FL 34786

TITLE DT ☐ Delete
NAME DYKGRAAF, MARTHA
STREET ADDRESS 6951 OSCEOLA POLK LINE RD
CITY-STATE-ZIP DAVENPORT FL

TITLE D ☐ Delete
NAME DYKGRAAF, BRENDA
STREET ADDRESS 7550 HINSON ST
CITY-STATE-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000797667
CITY-STATE-ZIP 01/29/08-80083-003 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Nathan Dykgraaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08

407 397 9110

Date

Daytime Phone #