

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90018 049 ***150.00

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1. Entity Name

AULTMAN MOBILE HOME COMMUNITIES, INC.



Principal Place of Business

**13146 S.W. GILSON ROAD
PALM CITY FL 34990**

Mailing Address

**13146 S.W. GILSON ROAD
PALM CITY FL 34990**



2. Principal Place of Business

770 SE MONTEREY RD

3. Mailing Address

13146 S.W. GILSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

STUART FL.

City & State

PALM CITY FL

4. FEI Number

65-0413690

Applied For

Not Applicable

Zip

34994

Country

US

Zip

34990

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AULTMAN, CHARLES E
13146 S.W. GILSON ROAD
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

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 **CHARLES E. AULTMAN**

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

Charles E. Aultman

(NOTE: Registered Agent signature required when reconstituting)

3-27-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

TITLE **DP** ☐ Delete
NAME **AULTMAN, CHARLES E.**
STREET ADDRESS **13146 S.W. GILSON RD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DST** ☐ Delete
NAME **AULTMAN, SHIRLEY J**
STREET ADDRESS **13146 S.W. GILSON RD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-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: *Charles E. Aultman* **CHARLES E. AULTMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

3-23-06

772-286-0885

Daytime Phone #

772-286-1118