

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000023537

1. Entity Name
TARPONAIRE MOBILE HOME PARK, INC.



Principal Place of Business
**1181 ANCLOTE ROAD
#35
TARPON SPRINGS, FL 34689**

Mailing Address
**1181 ANCLOTE ROAD
#35
TARPON SPRINGS, FL 34689**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3238253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODDEY, CHRISTINA
1181 ANCLOTE RD., #35
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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 *Christina K Roddey*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000092437
03/19/04-800008-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODDEY, BENJAMIN D
STREET ADDRESS	1181 ANCLOTE RD
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	DST
NAME	RODDEY, CHRISTINA K
STREET ADDRESS	1181 ANCLOTE RD
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Christina K Roddey, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 727-938-7989
Date Daytime Phone #