

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90234 016 ***150.00

DOCUMENT # P94000085386

1. Entity Name

KING'S MOBILE HOME PARK OF OKEECHOBEE, INC.



Principal Place of Business

1808 NW 3RD LANE
OKEECHOBEE FL 34972

Mailing Address

1808 NW 3RD LANE
OKEECHOBEE FL 34972

14021785



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1322

Suite, Apt. #, etc.

City & State

Okeechobee FL

4. FEI Number

65-0536455

Applied For

Not Applicable

Zip

Country

Zip

34973

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWLETT, GUS
1808 NW 3RD LANE
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name **Rowlett Joe**

Street Address (P.O. Box Number is Not Acceptable)
9751 Hwy 78 W

City **Okeechobee** **FL** Zip Code **34974**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☒ Delete
NAME ROWLETT, GUS
STREET ADDRESS 309 NE 6 ST
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME ROWLETT, JOE
STREET ADDRESS P.O. BOX 1322
CITY-ST-ZIP OKEECHOBEE FL 34973-1322

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

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

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:

Joe Rowlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 863-634-3217
Date Daytime Phone #