# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P95000017206**

**1.** Entity Name
SUGARMILL WOODS R.V. PARKING AND STORAGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8016 S. SUNCOAST BLVD. | P.O. BOX 2082 |
| HOMOSASSA, FL  34446 | HOMOSASSA SPRINGS, FL  34447   US |

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01242008     No Chg-P     CR2E034 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 59-3299228 | Not Applicable |

**5.** Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ABBOTT, GLEN C ESQ
109 N.E. 4TH STREET
CRYSTAL RIVER, FL  34429

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**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, 2008 Fee will be $550.00**

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

00000008346298
02/28/08-80060-022 150.00

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | HEYDE, SUZANNAH |
| STREET ADDRESS | 8016 S. SUNCOAST BLVD. |
| CITY-ST-ZIP | HOMOSASSA, FL  34446 |
| TITLE | VTD |
| NAME | BOMAR, CARSON |
| STREET ADDRESS | 1075 NORTH CARNEY AVENUE |
| CITY-ST-ZIP | LECANTO, FL  34461 |
| TITLE | SD |
| NAME | LISTER, CAROL |
| STREET ADDRESS | 29 S. ENCLAVE POINT |
| CITY-ST-ZIP | HOMOSASSA, FL  34446 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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 Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08
Date

352 382-4547
Daytime Phone #