2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000018562

FILED Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90159 013 ***150.00

1. Entity Name HAPPY D	S AYS R.V. PARK, INC.									
Principal Place	of Business	Mailing Address					_			
4830 W KENN	VEDY BLVD	4830 W KENNEDY BLVD					51	00094	1 4	
STE 350		STE 350								
TAMPA, FL 3	3609 US	TAMPA, FL 33609 US			1 (251)551	(14 1419) MILL MAIN BEST		2181 B1118 B1178 1181		
2. Principal Place of Business 4830 W. Konnedy Blud. 3. Mailing Address 4830 W. Kenned			nedy Bl	1.1		110 10101 1111 0E11 0E11				
4830 W. Konnedy Blud 4830 W. Kenned Suite, Apt. #, etc. Suite, Apt. #, etc.			reay DI	עני	01102008					
Suite, April	. —	Svite 73				Chg-P	CR2E	034 (11/05)		
City & State		City & State	-1 11	-	4. FEI Num	ber	· · ·	Ap	plied For ,	
Tampa Florida Tampa H			-loreide	overde 59-3360764				No	t Applicable	
Zip	Country	Zip C	Country		5. Certifica	te of Status Desired		\$8.75 Add		
336	9 /	33609	. ,					Fee Required]	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
MELENDI	Name									
MELENDI, JOSEPH E 1510 W CLEVELAND ST				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL	·- · · · · - · ·									
							FI	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or	register	ed agent, or t	ooth, in the State of	Florida, I an	n familiar with,	and accept	
SIGNATURE_	gistered Agent signatur	re required	(when reinstating)		DATE					
· •_	Signature, typed or printed name of registered agent a	The second secon		• • • • • • • • • • • • • • • • • • • •	•	1				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					.00 May Be ed to Fees				-	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITION	S/CHANGES TO C	FFICERS AN	ID DIRECTOR	S IN 11	
TITLE	PST	☐ Delete	TITLE					M Change	☐ Addition	
NAME	WEIS, STEPHEN N		NAME			. 10	1. 12/	J # -	720	
STREET ADDRESS	4830 W KENNEDY BLVD STE 35	50	STREET ADDRESS	48	30 m	. Kenned	19 151		50	
CITY-\$T-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		ampa	. Kenned , flosid	<u>la 5</u>	<u> 3607 </u>		
TITLE		☐ Delete	TITLE		1	,		Change	☐ Addition	
NAME			NAME							
STREET ADDRESS	ĺ		STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS	•						

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE

Delete

Delete

☐ Delete

12. I hereby certify that the information supplied with this indicated on this report or supplied with this of the corporation or the reflection of the corporation or the reflection of the corporation or the reflection of the corporation of the reflection of the corporation of the reflection of the corporation of the reflection of the changed, or on an at

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

CITY-ST-ZIP

TITLE

SIEPHEN N.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

813-286-4067

Date

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition