
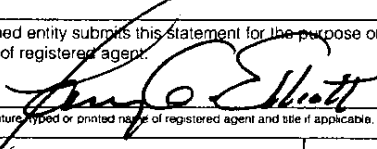
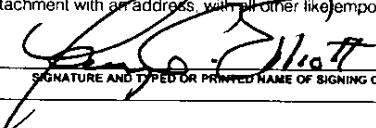


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 050 ***150.00

DOCUMENT # P96000027468 1. Entity Name NICEST R.V. PARKS, INC.					
Principal Place of Business 4024 N MONROE ST TALLAHASSEE, FL 32308 US			Mailing Address P.O. BOX 455 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business - No P.O. Box # 4024 N. MONROE ST Suite, Apt. #, etc.		3. Mailing Address 1435 PIEDMONT DR. E Suite, Apt. #, etc.			
City & State TALLAHASSEE FL Zip 32303 Country US		City & State TALLAHASSEE FL Zip 32308 Country US		4. FEI Number 59-3454442 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ELLIOTT, LARRY G 1435 PIEDMONT DR. E. TALLAHASSEE, FL			7. Name and Address of New Registered Agent Name ELLIOTT LARRY G. Street Address (P.O. Box Number is Not Acceptable) 1435 PIEDMONT DR. E. City TALLAHASSEE FL Zip Code 32308		
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:  DATE: 3-26-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KRAUSE, ANNETTE B 1315 LEMOND ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ELLIOTT, LARRY G 1435 PIEDMONT DR E TALLAHASSEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ELLIOTT LARRY G. 1435 PIEDMONT DR. E TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3-26-07 850-668-2008 <small>Date Daytime Phone #</small>		