2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Flace of Business  ADTOS STEWART ROAD  ADDE CITY PL 39225  2. Principal Place of Business  Sulta, Apr. 8, etc.  Sulta, Apr. 8	DOCUMENT # P96000088460  1. Entity Name  MANY MANSIONS RV PARK, INC.					Feb 24, 2006 08:00 AM Secretary of State			
## Application of Business  ## Process   Surface   Surfa	Principal Place	e of Rusiness	Mailing Address						
DADE CITY FL 33525  Principal Place of Business  Suite, Apr. 4, etc.  Su	•		•						
Suite, Apt. #, sto.  Suite, Apt. #, sto.  Cry & State  Cry & State  Cry & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Conflicted of State Desired  Fee Required  Fee Required  Fee Required  Fee Required  T. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  City  FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Lam tamiliar with, and acrey through a statement of the purpose of changing its registered agent, or both, in the State of Florids. Lam tamiliar with, and acrey through a statement of the purpose of changing its registered agent, or both, in the State of Florids. Lam tamiliar with, and acrey through a statement of the purpose of changing its registered agent, or both, in the State of Florids. Lam tamiliar with, and acrey through a statement of registered agent.  SIGNARUSE  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee With Be \$550.00  Make Check Payable to Florids. Department of State  SIRE INVESTIGATION STATE AND DIRECTORS  11. ADDITIONS CHANGES TO GIFF CERS AND DIRECTORS 11.  May DOCLITTLE, THOMAS  STATE INVESTIGATION STATE AND DIRECTORS 11.  DOCLITTLE, THOMAS  STATE INVESTIGATION STATE AND DIRECTORS 11.  DOCLITTLE, THOMAS  STATE INVESTIGATION STATE AND DIRECTORS 11.  THE STATE AND DIRECTORS 11.  THOMAS  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOMAS 10.  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOMAS 10.  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOMAS 10.  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOMAS 10.  DOCLITTLE, THOMAS 10.  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOMAS 10.  DOCLITTLE, THOMAS 10.  STATE INVESTIGATION STATE AND DIRECTORS 11.  THOMAS 10.  DOCLITTLE, THOM									
City & State  Scrifficited of Status Desired  Scrifficited of St	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Sp-3406281	Suita, Apt. If, etc.		Suite, Apt. #, etc.		1st MOORE (	CH2E034 (10/05)			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Norma  Norma  Norma  Norma  Norma  Streem Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  The acceptation of ingestered registered Agent and acceptation of registered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and accept the acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in the State of Florida. I am familiar with and acceptance of ingestered registered agent, or both, in t	City & State		City & State		4. FEI Number 59-3408281	← ←	<del></del>		
DOOLTTLE THOMAS 40703 STEWART ROAD  DOOLTTLE THOMAS 40703 STEWART ROAD  City FL Zip Code  City FL 33525  City FL Zip Code  City F	Zip	Country	Zip	Country		5. Certificate of Status Desired			
DOOLITTLE THOMAS AOTOS STEWART ROAD DANE CITY FL 33525    City   FL   Zic Code		6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Re			
### A0703 STEWART ROAD DADE CITY FL 33525    City	40703 STEWART ROAD				Name				
B. 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 acring the obligations of registered agent.  SIGNATURE    Communication of production of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acring the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acring the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acring the obligations of the comparison of the control of the control of the comparison of the control of the control of the comparison of the control of the control of the comparison of the control of the control of the comparison of the control of the control of the comparison of the control of the control of the comparison of the control of					Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE    Substitute   State   Stat				<u>-</u>	Спу		FL Zip Co	đe	
SIGNATURE    FILE NOW!! FEE IS \$150.00   After May 1, 2006 Fee Will Be \$50.00   Make Check Payable to Florida Department of State									
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  TO. OFFICERS AND DIRECTORS  TO. DOCULTTLE, THOMAS  TO. DOCULTTLE, THOM	the obligations of registered agent.								
After May 1, 2006 Fee Wijl Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILL PD OOLITTLE, THOMAS MAKE 40703 STEWART ROAD DADE CITY FL 33525  CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS CITY-S1-ZP  TO ONE OFFICERS AND DIRECTORS DATE ADDRESS CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS SIREL ADDRESS SIREL ADDRESS CITY-S1-ZP  TILL DVP DVILL DV									
After May 1, 2006 Fee Wijl Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILL PD OOLITTLE, THOMAS MAKE 40703 STEWART ROAD DADE CITY FL 33525  CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS CITY-S1-ZP  TO ONE OFFICERS AND DIRECTORS DATE ADDRESS CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS CITY-S1-ZP  TILL DVP DOLITTLE, VIRGINIA D. SIREL ADDRESS SIREL ADDRESS SIREL ADDRESS CITY-S1-ZP  TILL DVP DVILL DV	F	ILE NOWILL FEE IS \$150.00	,	·	· · · · · · · · · · · · · · · · · · ·				
TILL PD OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 MILL MILL PD OOLITTLE, THOMAS	After	May 1, 2006 Fee Will Be \$550.00	,						
PD     Change   AACCUMANA						157777010101111100000000000000000000000	0-00 110 0/050701		
NMAL AUDRESS 40703 STEWART ROAD DADE CITY FL 33526  TILL DVP DADE CITY FL 33526  TILL DVP DOAD CITY E, VIRGINIA D. STRELT ADDRESS A0703 STEWART ROAD STRELT ADDRESS CITY-S1-ZP DADE CITY FL 33526  TILL MAME DOAD CITY FL 33526  TILL MAME STRELT ADDRESS CITY-S1-ZP  TILL MAME MAME MAME MAME MAME MAME MAME MA						ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	·- ·-•	
SINCE FOURCES OADD ECITY FL 33525  THEL  DVP DADE CITY FL 33525  THEL  DVP THEL  DADE CITY FL 33525  THEL  DADE  THEL  DAME STREET ADDRESS STREET ADDRE		ł	- Delete		,	HOODOAAE		☐ Fa.w.	
THE DVP   Delete   THE   Delete   TH		i -		STRE8	ET ADDRESS.	03/08/06-80021 <b>-024</b> 150.00			
NAME STREET ADDRESS CITY-S1-ZP  DATE  THE  THE  THE  THE  THE  THE  THE	CITY-ST-ZIP	<del></del>		- Cily	·SI · ZiP				
STREET ADDRESS OF STREET ADDRE		1	Delete		1		☐ Change	Addii.	
CITY-ST-ZIP  DADE CITY FL 33525  DILL  MAME  STREET ADDRESS CITY-ST-ZIP  DILL  MAME  S		•			j				
NAME STREET ADDRESS CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	l	1		1	į				
SIRELI ADDRESS CHY-S1-ZIP  THE Change Arms MAKE MAKE STREET ADDRESS CHY-S1-ZIP  THE Change Arms MAKE STREET ADDRESS CHY-S1-ZIP  THE Change Arms MAKE STREET ADDRESS CHY-S1-ZIP  THE Change Arms Change Arms MAKE STREET ADDRESS CHY-S1-ZIP  THE Change Arms MAKE MAKE MAKE STREET ADDRESS CHY-S1-ZIP  THE Change Arms MAKE STREET ADDRESS CHY-S1-ZIP  THE MAKE STR	33168		Delpte	Bilt			Change	— ☐ Mdiii:	
DITY-ST-ZP  DILE  NAME  STREET ADDRESS CITY-ST-ZIP  DELE  NAME  STREET ADDRESS CITY-ST-ZIP  DELE  NAME  STREET ADDRESS CITY-ST-ZIP  DELE  STREET ADDRESS CITY-ST-ZIP  DELE  DeleE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELE  DeleE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELE  DeleE  TITLE  STREET ADDRESS CITY-ST-ZIP  DELE  DeleE  TITLE  STREET ADDRESS CITY-ST-ZIP  DELE  TO DeleE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  TO DeleE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  TO DeleE  TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  THE  TO DeleE  TITLE  STREET ADDRESS CITY-ST-ZIP  THE  THE  TO DELEE  THE  THE  THE  THE  THE  THE  THE					•				
THE CHANGE  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  DEFET  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE  NAME  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE CHANGE  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE CHANGE  STREET ADDRESS  CITY-SI-ZIP  THE CHANGE  STREET ADDRESS  CITY-S				Ł	į.				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition The Change Addition Th	BILE		☐ Gelele		<del></del>		☐ Change	FT Arres	
CITY-ST-ZIP  DTLE  DTLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  THE  NAME  STREET ADDRESS CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH					)			<b>—</b>	
MAME STREET ADDRESS CITY-ST-ZIP  THE MAME STREET	i			- 8	l				
NAME STREET ADDRESS GITY-ST-ZIP  THE THE THE THE THE THE THE THE THE TH				_					
STREET ADDRESS CITY - ST - ZIP  TIME  Delete TIME NAME STREET ADDRESS CITY - ST - ZIP  12. I hereby certify that the information supplied with If is filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or director of the corporation or the receiver or Inustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my mane appears in Block 10 or Block 11	<b>?</b>		L.J Delete		)		L. Change	∐ Wight	
Delete TILL  NAME  STRECT ADDRESS City-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or director of the corporation or the receiver or Inustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 13	•			4	<b>S</b>				
NAME STREET ADDRESS CRY-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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	CITY-SI-ZIP			C113	-S1-ZIP				
STREET ADDRESS CRY-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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			☐ Defete	•	}		☐ Change	T Addilir	
City-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11.				- 5	,				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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				•	í				
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath, 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	12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the ex	eniptions contains	ed in Section 119, Florida Statutes. 1	further certify that the	 information	
	indicated of the co	f on this report or supplemental report reporation or the receiver or trustee em	is true and accurate and that prowered to execute this repo	my signat M as requ	ture shall have the	same legal effect as it made under d	ath, that I am an office	er ar directar	

**FILED** 

SIGNATURE: Thomas DooLiTTLE 2/22/06 352-567-8667