

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000020335**

1. Entity Name  
**DELL TRAILER PARK, INC.**



Principal Place of Business  
**4633 S W 73 AVE  
DAVIE, FL 33314-4119**

Mailing Address  
**1669 MINORS BRANCH RD  
STAMPING GROUND, KY 40379 US**



01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0732642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DAVIS, LAWRENCE J  
4633 S W 73 AVE  
DAVIE, FL 33314-4119**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STULL, DONALD R 1669 MINORS BRANCH RD STAMPING GROUND, KY 40379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STULL, BETTY 1669 MINORS BRANCH RD STAMPING GROUND, KY 40379
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000000004695  
01/15/04-80023-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Betty Stull BETTY STULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-04

Date

502-564-4581

ext-4580

Daytime Phone #