


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000069420 1. Entity Name HOLLAND MOBILE HOME PARK, INC.	
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Principal Place of Business 135 WEST CENTRAL BLVD. SUITE 730 ORLANDO, FL 32801	Mailing Address C/O ANDREW L. REIFF PO BOX 1059 ORLANDO, FL 32802
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0773747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REIFF, ANDREW L 135 W CENTRAL BLVD SUITE 730 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>1000000244227 02/26/05-80012-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, HUGH 1859 W PINE ISLAND RD STE 2321 PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, MARY 1859 W PINE ISLAND RD STE 2321 PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, GEORGE JR 1859 W PINE ISLAND RD STE 2321 PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ALEX 10211 PINES BLVD STE 112 PEMBROKE PINES, FL 33326	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALDWIN, JOSEPH 777 S STATE ROAD #7, BOX 6 MARGATE, FL 33322	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Alex Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/26/05</u>	Daytime Phone # <u>9542245628</u>
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