2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # P97000070088 1. Entity Name					Ja	n 20, 200 Secretar	6 08:0		1	
CAPRI TR	AILER PARK INC.	• .	*			Secretai	y or se	ucc		
Principal Plac	e of Business	Mailing Address		· ·	1					
22 ROXBOR PALM COAS	O DRIVE ST FL 32164	22 ROXBORO DRIVE PALM COAST FL 3216	54							
2. Principal P	Pace of Business	3. Mailing Address		- -	}		·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		151	MOORE	CR2E034 ((0/05)			
City & State		City & State		4. FEI Numb	NO-T APPI	LICABLE		plied For t Applicate		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent)		7. Name and	Address of New		<u> </u>		
AAA	ELLARO, LEONARD			Name						
22 ROXBORO DRIVE PALM COAST FL 32164			i	Street Address (P.O. Box Number is Not Acceptable)						
				City		·	FL	Zip Code	====	
8. The above named entity submits this statement for the purpose of changing its re-					ered agent, or bo	th in the State of F				
	tions of registered agent.				,	·	****			
~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Signature, typed or printed name of registered again		E Registere	d Agent signature require	d when reinstalling)"	· · · · · · · · · · · · · · · · · · ·	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	Control Manager			;	9. Election Camp Trust Fund Co			00 May 8 ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF			5 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAELLARD, LEONARD 22 ROXBORO DRIVE PALMCOAST FL 32164	Delete	1	1		U000003 01/24/06-8	92720] Change 150.0	□ Addisa IO	
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NAME STREET ADDRESS CITY-ST-ZIP	MAEHARD, PATRICK 125 ULLIAN ST PALM COAST FL 32164	<u>-</u> . –		E ADDRESS S-ST-ZIP						
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Title Name Street address City-St-Zip		☐ Delete	CITY	NE EET ADORESS SST-ZIP				_ Change ·	_	
	certify that the information supplied wild on this report or supplemental report or progration or the pecewer or trustee emed, or on a flower ment with an address or on a flower ment with an address of the pecewer of		for the e my signa int as req ined.	xemptions contain iture shall have the uired by Chapter 6	ed in Section 11 same legal effe 607, Florida Statu	9, Florida Statutes on a sif made unde under thes; and that my na	I further certify roath, that I am ame appears in	that the in an officer Block 10	nformation or director or Block 1	

01/17/06/386-437-0