

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AI)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000014749**



1. Entity Name  
**R & B TRAILER PARK, INC.**

Principal Place of Business <b>4861 GARY ROAD BONITA SPRINGS FL 34134</b>	Mailing Address <b>4861 GARY ROAD BONITA SPRINGS FL 34134</b>
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # <b>4861 GARY Rd</b>	3. Mailing Address <b>4861 Gary Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BONITA Sp FL 34134</b>	City & State <b>BONITA Springs FL</b>	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34134</b>	Country <b>Lee</b>	Zip <b>34134</b>	Country <b>Lee</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REMES, BILLIE  
4861 GARY ROAD  
BONITA SPRINGS FL 34134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DP <b>BEACH, HOWARD</b> <b>4680 KEY LARGO LANE</b> <b>BONITA SPRINGS FL 34134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000876322</b> <b>04/11/08-80068-024 158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <b>REMES, BILLIE</b> <b>4861 GARY ROAD</b> <b>BONITA SPRINGS FL 34134</b>	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
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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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Billie Remes **3/27/08** **239-498-9063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #