

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017439

1. Entity Name

WAYNE FRIER'S MOBILE HOME PARK, INC.



Principal Place of Business

**12788 US 90 W
LIVE OAK, FL 32060**

Mailing Address

**12788 US 90 W
LIVE OAK, FL 32060**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3514559** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**HALEY, WILLIAM J
10 N COLUMBIA ST
LAKE CITY, FL 32055**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000507562
04/27/06-80068-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FRIER, WAYNE
STREET ADDRESS	12788 US 90 W
CITY-STATE-ZIP	LIVE OAK, FL 32060
TITLE	DV
NAME	FRIER, MATTHEW WAYNE
STREET ADDRESS	12788 US 90 W
CITY-STATE-ZIP	LIVE OAK, FL 32060
TITLE	TD
NAME	FRIER, TODD DANIEL
STREET ADDRESS	12788 US 90 W
CITY-STATE-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Daniel Frier

4/13/06

Date

386-363-2720

Daytime Phone #