


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000100917**

1. Entity Name  
**TILLMAN'S MOBILE HOME PARK, INC.**



Principal Place of Business      Mailing Address

**1324 S MAIN ST  
 BELLE GLADE, FL 33430**      **1324 S MAIN ST  
 BELLE GLADE, FL 33430**

**DO NOT WRITE IN THIS SPACE**



01172007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0883290**      Not Applicable

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

8. Name and Address of Current Registered Agent

**HILL, H E  
 1324 S MAIN ST  
 BELLE GLADE, FL 33430**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD HILL, H E 1324 S MAIN ST BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, BARBARA H 1324 S MAIN ST BELLE GLADE, FL 33430
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**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:** *[Handwritten Signature]*      **2/18/07**      **561-996-4524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #