2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 23, 2004 08:00 AM DOCUMENT # S08452 .... Secretary of State 1. Entity Name SHELDON MOBILE HOME COURT, INC. Principal Place of Business Mailing Address 4798-D SW 23RD TERR. FT. LAUDERDALE FL 33312 US 4081 HARRIS ROAD BURTCHVILLE MI 48059 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0221638 Not Applicable Ζιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELDON, ROBERT H. 4798-D SW 23RD TERR. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 City Zip Code 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 registeroid agont and life if applicable. (NOTE: Registered Agent signature regulred when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete SHELDON, ROBERT H. NAME NAME 4798-D S.W. 23RD TERRACE STREET ADDRESS STREET ADDRESS 02/23/04-80139-014 158.75 CITY - ST - ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ЛПE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(i), 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 appropriate the empowered.

**FILED** 

<u>954-987-1529</u>