2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 08, 2005 08:00 AM Secretary of State

813 984 1533 Daytime Phone #

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DOCUMENT # S45928				Secretary of State		
1. Entity Nam CAPRI M	OBILE HOME PARK, INC.					
Principal Plac	e of Business M	ailing Address		i I		
10912 -56T		10912-56TH ST N.		 		
TEMPLE TER	IACE, FL 33617	TEMPLE TERACE, FL 33617				
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سا	O NO! WHILE !!	Y THIS SEA	4. FEI Number Applied For 59-3062675 Not Applicable			
		a second of the second of the	engy ally			- \$9.75 Additional
					of Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
GOSS, JAMES C.				DΩ	NOT WI	RITE
24195 U.S. HIGHWAY 19 NORTH						
CLEARWATER, FL 34623 IN THIS SPACE						ACE
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).						
FJL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS .		m. ::::::::::::::::::::::::::::::::	. प्रमाणका संदर्भ । १	!
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CITY-ST-ZIP	CLEARWATER, FL 34623	<u> </u>	<u> </u>		_ 000000	292797
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CITY-ST-ZIP	CLEARWATER, FL 34623	* : ±				
TITLE	S]			
NAME STREET ADDRESS	GOSS, TRENT C 10912 N. 56TH ST			-		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		. <u></u>	DO	NOT WI	KIIE
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CITY-ST-ZIP			<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		With the second
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true	ling does not qualify for the exer and accurate and that my signal	notion stated in Serure shall have the s	ction 119.07(3)(same legal effect	(i), Florida Statutes. I fi ot as if made under oa	urtner certify that the information th; that I am an officer or director
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 suppliemental 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.						
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