

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S45928	
1. Entity Name CAPRI MOBILE HOME PARK, INC.	
Principal Place of Business 10912 -56TH ST N. TEMPLE TERRACE, FL 33617	Mailing Address 10912 -56TH ST N. TEMPLE TERRACE, FL 33617



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3062675	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOSS, JAMES C.
24195 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 34623

**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, 2005 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	P GOSS, JAMES C. 24195 US HWY 19 NORTH CLEARWATER, FL 34623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOSS, JULIYNN R. 24195 US HWY 19 NORTH CLEARWATER, FL 34623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOSS, TRENT C 10912 N. 56TH ST TEMPLE TERRACE, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/05-80042-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

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

4/5/5 813 984 1533
Date Daytime Phone #