

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 009 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3062675

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name GOSS, James C
Street Address (P.O. Box Number is Not Acceptable)

10912 N. 56TH STREET

City Temple Terrace

FL

Zip Code
33617

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/06

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GOSS, JAMES C.**
CITY-ST-ZIP **24195 US HWY 19 NORTH
CLEARWATER, FL 34623**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GOSS, JULIYNN R.**
CITY-ST-ZIP **24195 US HWY 19 NORTH
CLEARWATER, FL 34623**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GOSS, TRENT C**
CITY-ST-ZIP **10912 N. 56TH ST
TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10912 N. 56TH STREET
CITY-ST-ZIP Temple Terrace FL 33617-3004

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10912 N. 56TH STREET
CITY-ST-ZIP Temple Terrace FL 33617-3004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #