## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S45928

FILED Mar 16, 2009 Secretary of State

Entity Name: CAPRI MOBILE HOME PARK, INC.

Current Principal Place of Business:		New Principal Place of Business:		
10912 -56 TEMPLE	TH ST N. TERACE, FL 3	3617		
Current Mailing Address:		New Mailing Address:		
10912 -56 TEMPLE	TH ST N. TERACE, FL 3	3617		
FEI Numbei	: 59-3062675	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
GOSS, TF 10912 N 5				
TEMPLE '	TERRACE, FL	33617 US		
The above	·		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity : e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
The above in the Stat	e named entity : e of Florida. RE:			ed office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity : e of Florida. RE: Electror	submits this statement for the		
The above in the Stat SIGNATU Election Ca	e named entity : e of Florida. RE: Electror	submits this statement for the nic Signature of Registered Agg	ent	
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity : e of Florida.  RE: Electror  mpaign Financing  S AND DIREC  P GOSS, JAMES 10912 N 56TH	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete C.,	ent	Date
The above in the Stat SIGNATU Election Ca	e named entity : e of Florida.  RE:  Electror  mpaign Financin;  S AND DIREC  P ( ) GOSS, JAMES 10912 N 56TH TEMPLE TERR  V ( ) GOSS, JUILYN 10912 N. 56TH	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  ) Delete C., ST  (ACE, FL 336173004 ) Delete N R.,	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRENT GOSS S 03/16/2009