

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 017 ***150.00

DOCUMENT # S47815

1. Entity Name
SHADY NEST MOBILE HOME PARK, INC.



Principal Place of Business Mailing Address

P.O. BOX 490533 **P.O. BOX 490533**
LEESBURG, FL 34749-0533 **LEESBURG, FL 34749-0533**

2. Principal Place of Business 3. Mailing Address

446 CR 44 **446 CR 44**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Leesburg, FL 34788 **Leesburg, FL 34788**

Zip Country Zip Country

34788 **USA** **34788** **USA**



01282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3062850 Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMBERT, PATRICIA A.
446 COUNTY ROAD
C/O POST OFFICE BOX 490533
LEESBURG, FL 34749

7. Name and Address of New Registered Agent

Name
Harrod, Renee

Street Address (P.O. Box Number is Not Acceptable)
2418 Virginia Drive

City State Zip Code
Leesburg **FL** **34748**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBERT, ROBERT 2418 1/2 VIRGINIA DR LEESBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T Harrod, Renee 2418 Virginia Drive Leesburg, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAMBERT, PATRICIA 2418 1/2 VIRGINIA DR LEESBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Renee Harrod President 4/8/04 352-360-0372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #