

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # S79961

1. Entity Name
PINE LAKE MOBILE HOMES ESTATES, INC.



Principal Place of Business
2505 EBER BLVD
MELBOURNE, FL 32904 US

Mailing Address
2505 EBER BLVD.
MELBOURNE, FL 32904 US



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3108864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1800 W HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSIER, MURIEL
STREET ADDRESS	2505 EBER BLVD.
CITY- ST- ZIP	MELBOURNE, FL
TITLE	P
NAME	DARRELL, MARY E.
STREET ADDRESS	2505 EBER BLVD.
CITY- ST- ZIP	MELBOURNE, FL
TITLE	ST
NAME	WENTZ, STEPHANI
STREET ADDRESS	2555 EBER BLVD
CITY- ST- ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000614050
02/06/07-80011-002 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07 321-723-7754
Date Daytime Phone #