


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000108383					
1. Entity Name EAGLE'S LANDING RV PARK, INC.					
Principal Place of Business 4504 LOG LAKE ROAD HOLT FL 32564			Mailing Address 4504 LOG LAKE ROAD HOLT FL 32564		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 59-3756030	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICKERSON, ROBERT L JR. 4504 LOG LAKE ROAD HOLT FL 32564			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, ROBERT L JR		NAME		
STREET ADDRESS	4504 LOG LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	HOLT FL 32564		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, SUSAN D		NAME		
STREET ADDRESS	4504 LOG LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	HOLT FL 32564		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBLETT, RICHARD C		NAME		
STREET ADDRESS	4504 LOG LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	HOLT FL 32564		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBLETT, JUDITH A		NAME		
STREET ADDRESS	4504 LOG LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	HOLT FL 32564		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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CITY-ST-ZIP			CITY-ST-ZIP		

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 04/27/06-80016-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of this report, or on an attachment with an address, with or without other like empowered.