


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P01000108383
 1. Entity Name
EAGLE'S LANDING RV PARK, INC.



Principal Place of Business Mailing Address
4504 LOG LAKE ROAD **4504 LOG LAKE ROAD**
HOLT FL 32564 **HOLT FL 32564**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3756030 Not Applicable

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

6. Name and Address of Current Registered Agent

NICKERSON, ROBERT L JR.
4504 LOG LAKE ROAD
HOLT FL 32564

7. Name and Address of New Registered Agent

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 changing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NICKERSON, ROBERT L JR	
STREET ADDRESS	4504 LOG LAKE RD	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICKERSON, SUSAN D	
STREET ADDRESS	4504 LOG LAKE RD.	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIBLETT, RICHARD C	
STREET ADDRESS	4504 LOG LAKE RD	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIBLETT, JUDITH A	
STREET ADDRESS	4504 LOG LAKE RD.	
CITY-ST-ZIP	HOLT FL 32564	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

UN00000296480
 04/25/08-80008-016 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

4-12-08