

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 373071**

1. Entity Name  
 ALL-AMERICAN MOBILE HOMES, INC.



Principal Place of Business  
 4990 SW 52 ST.  
 SUITE 201  
 DAVIE, FL 33314

Mailing Address  
 4990 SW 52 ST.  
 SUITE 201  
 DAVIE, FL 33314



03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1316441

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROWARS, CHARLES M  
 4990 SW 52 ST.  
 SUITE 201  
 DAVIE, FL 33314

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME ROWARS, CHARLES M  
 STREET ADDRESS 4990 SW 52 ST., STE. 201  
 CITY-ST-ZIP DAVIE, FL 33314

TITLE DS  
 NAME ROWARS, BARRY J  
 STREET ADDRESS 4990 SW 52 ST., STE. 201  
 CITY-ST-ZIP DAVIE, FL 33314

TITLE T  
 NAME ROWARS, CHARLES M  
 STREET ADDRESS 4990 SW 52 ST., STE. 201  
 CITY-ST-ZIP DAVIE, FL 33314

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

00000317837  
 04/20/05-80035-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/18/05 (974) 581-5600

Date

Daytime Phone #