

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90189 034 \*\*\*150.00

**DOCUMENT # 813313**

1. Entity Name  
**MODERN HOMES AND EQUIPMENT CO INC**



Principal Place of Business  
**2467 NORTH DOG RIVER  
MOBILE, AL 36605**

Mailing Address  
**2467 NORTH DOG RIVER  
MOBILE, AL 36605**



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0370022**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRLICKA, ERICK M.  
30 S. SPRING STREET  
P.O. DRAWER 1271  
PENSACOLA, FL 32596**

**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

*James M. Phillips, Chairman*

*3/26/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD ELKINS, STEVEN H. 588 RIDGEWOOD DR DAPHNE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCPHILLIPS, S T 138 EATON SQUARE MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCPHILLIPS JR, H M 2404 SPRINGHILL AVE MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD FERNANDEZ, L.M. 6509 SUGAR CREEK PLACE MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MCPHILLIPS, JAMES D 138 EATON SQUARE MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:

*Steven H. Elkins* **STEVEN H. ELKINS**

*3-26-07*

*(251) 476-8343*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #