

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 215801

1. Entity Name
ED MITENIUS TRAILER HOMES INC



FILED
Feb 09, 2005 08:00 AM
Secretary of State

Principal Place of Business
1451 OSCEOLA AVENUE
TAVARES, FL 32778

Mailing Address
P.O. BOX 1177
TAVARES, FL 32778



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0840601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MITENIUS, MARY JANE
1451 OSCEOLA AVENUE
TAVARES, FL 32778

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MITENIUS, MARY JANE
1451 OSCEOLA AVENUE
TAVARES, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MITENIUS, EDWARD J
PO BOX 65
GRAPEVINE, TX 76051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WHITE, PATRICIA E
2610 BENNETT RIDGE EAST
SANTA ROSA, CA 95404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000221588
02/09/05-80038-025 150.00

**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)(i), 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:

Mary Jane Mitenius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-05 352-343-3495

Date

Daytime Phone #