

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 215801**

1. Entity Name  
**ED MITENIUS TRAILER HOMES INC**



Principal Place of Business  
**1451 OSCEOLA AVENUE  
TAVARES, FL 32778**

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



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0840601</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	SD
NAME	WHITE, PATRICIA E
STREET ADDRESS	2140 SUGARLOAF MT RD
CITY-ST-ZIP	HENDERSONVILLE, NC 28792

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000883052  
04/16/08-80065-012 150.00

**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** *Mary Jane Mitenius* *Mary Jane Mitenius* *4-4-08 352-343-3495*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #