
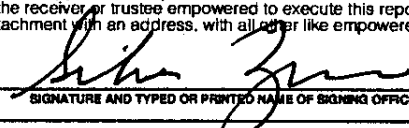


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90378 039 ***150.00

DOCUMENT # 262887						
1. Entity Name SIL'S MOBILE HOMES, INC.						
Principal Place of Business 1023 N TYNDALL PKWY PANAMA CITY, FL 32404			Mailing Address 1023 N TYNDALL PKWY P.O.BOX 6084 PANAMA CITY, FL 32404			
2. Principal Place of Business 239 N. TYNDALL PARKWAY		3. Mailing Address P.O. BOX 6084				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State PANAMA CITY FL		City & State PANAMA CITY, FL		4. FEI Number 59-1001246		
Zip 32404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZIMMERMAN, SILVEN 1023 N TYNDALL PKWY PANAMA CITY, FL 32404-7084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 239 N. TYNDALL PARKWAY City PANAMA CITY FL Zip Code 32404			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME ZIMMERMAN, SILVEN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5416 HARVEY ST.	CITY-ST-ZIP PANAMA CITY, FL			STREET ADDRESS	CITY-ST-ZIP	
TITLE STD	NAME ZIMMERMAN, BEVERLY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5416 HARVEY ST.	CITY-ST-ZIP PANAMA CITY, FL			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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: 				4-24-04 850) 713-7755		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		