

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 274467	
1. Entity Name SOUTHEASTERN MOBILE HOMES, INC.	

Principal Place of Business 150 NW 68TH ST. FT LAUDERDALE, FL 33309	Mailing Address 150 NW 68TH ST. FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1061166	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COX, FRANK JR.,
150 NW 68TH ST.
FORT LAUDERDALE, FL**

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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 _____ (NOTE: Registered Agent signature required when re-instating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATES, SALLYE O. 150 NW 68TH ST FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, PEGGY J. 150 NW 68TH ST FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, FRANK W JR., 150 NW 68TH ST FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COX, ANNE O. 150 NW 68TH ST. FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WRIGHT, SHERI 150 NW 68TH ST. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000197668
01/27/05-80020-025 150.00

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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: Frank W Cox Frank W. Cox 1-21-05 954-202-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #