2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 274467

1. Entity Name
SOUTHEASTERN MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
150 NW 68TH ST. FT LAUDERDALE, FL 33309	150 NW 68TH ST. FT LAUDERDALE, FL 33309

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000592701
01/22/07-80002-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BATES, SALLYE O.
STREET ADDRESS	150 NW 68TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	T
NAME	COX, PEGGY J.
STREET ADDRESS	150 NW 68TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	PD
NAME	COX, FRANK W JR.,
STREET ADDRESS	150 NW 68TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VPD
NAME	COX, ANNE O.
STREET ADDRESS	150 NW 68TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	AS
NAME	WRIGHT, SHERI
STREET ADDRESS	150 NW 68TH ST.
CITY-ST-ZIP	FT LAUDERDALE, FL
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: Frank W. Cox Frank W. Cox 1-17-07 954/972-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #