

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 281416

1. Entity Name
MOBILE HOMEOWNERS' INSURANCE AGENCIES, INC.



Principal Place of Business
**7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 33780-8080 US**

Mailing Address
**7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 33780-8080 US**



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1059110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELDRIDGE, DANIEL P
7785 66TH ST NORTH
PINELLAS PARK, FL 33781-3113**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000097939
03/29/04-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SADLER, CHARLES B
STREET ADDRESS	11722 WALKER AVE
CITY- ST- ZIP	SEMINOLE, FL 33772
TITLE	DTV
NAME	MEYER, BRUCE T
STREET ADDRESS	506 BROOKTREE CT
CITY- ST- ZIP	LUTZ, FL 33548
TITLE	DVD
NAME	KELLER, CRAIG P
STREET ADDRESS	29 WOODCRAFT ROAD
CITY- ST- ZIP	HAVERTOWN, PA 19083
TITLE	PD
NAME	ELDRIDGE, DANIEL P
STREET ADDRESS	1540 GULF BLVD #202
CITY- ST- ZIP	CLEARWATER, FL 33767
TITLE	C
NAME	MAGUIRE, JAMES JR
STREET ADDRESS	215 DRESHERTOWN RD
CITY- ST- ZIP	FORT WASHINGTON, PA 19034
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Bruce Meyer 3/18/04 727-546-8911