2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 281416

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

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

04122005 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, 2005 Fee will be $550.00

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

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	

U00000321682
04/21/05-80089-006 150.00

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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: _____ T. Bruce Meyer 4-12-05 727-803-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #