


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 317483	
1. Entity Name NOBILITY HOMES, INC.	

Principal Place of Business 3741 S.W. 7 STREET P.O. BOX 1659 OCALA, FL 34478 US	Mailing Address 3741 S.W. 7 STREET P.O. BOX 1659 OCALA, FL 34478 US
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1166102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Trexler, Terry E 3741 S.W. 7 STREET OCALA, FL 34474
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Trexler, Terry E 3741 S W 7TH ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cramer, Lynn J., Jr. 3741 S W 7TH ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barberie, Richard C 3741 SW 7TH ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Trexler, Thomas W 3741 SW 7 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Etheredge, Gloria Jean 3741 S W 7TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert P. Saltsman 222 S PENNSYLVANIA AVENUE STE 200 WINTER PARK, FL 32789

1100000370389
07/05/05-80012-018 150.00

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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:  **TERREY TREXLER** 063005 352 732 515 7
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #