

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 A
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**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1166102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TREXLER, TERRY E
3741 S.W. 7 STREET
OCALA, FL 34474**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000804523
02/05/08-80072-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TREXLER, TERRY E
STREET ADDRESS	3741 S W 7TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	T
NAME	CRAMER, LYNN J.,JR.
STREET ADDRESS	3741 S W 7TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	BARBERIE, RICHARD C
STREET ADDRESS	3741 SW 7TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	DV
NAME	TREXLER, THOMAS W
STREET ADDRESS	3741 SW 7 ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	S
NAME	ETHEREDGE, GLORIA JEAN
STREET ADDRESS	3741 S W 7TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	ROBERT P. SALTSMAN
STREET ADDRESS	222 S PENNSYLVANIA AVENUE STE 200
CITY-ST-ZIP	WINTER PARK, FL 32789

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-08 352-732-5157