

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340397

FILED
Jan 30, 2008
Secretary of State

Entity Name: U.S. MOBILE HOME SALES OF FLORIDA, INC.

Current Principal Place of Business:

4626 HIGHWAY 90
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 896
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 63-0573169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUSE, GERALD
4994 ROCKY CREEK RD.
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAUSE, GERALD,
Address: 4994 ROCKY CREEK RD.
City-St-Zip: MARIANNA, FL 32448

Title: D (X) Delete
Name: GAUSE, LYNDIA S.
Address: 4994 ROCKY CREEK ROAD
City-St-Zip: MARIANNA, FL 32448

Title: DST () Delete
Name: GAUSE, LEE MONTGOMER, Y
Address: 2618 CHOCTAW TRAIL
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: NELSON, KEVIN R.,
Address: 4623 COOK ROAD
City-St-Zip: MARIANNA, FL 32448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD GAUSE

PD

01/30/2008

Electronic Signature of Signing Officer or Director

Date