## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 369556**

1. Entity Name

EMGEE MOBILE HOME CENTER, INC.



FILED Jan 24, 2004 08:00 AM Secretary of State

Principal Place of Business C/O MURRAY GINSBURE 2775 W. OKEECHOBEE RD, HIALEAH, FL 33010 Mailing Address

C/O MURRAY GINSBURE 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010



DO NOT WRITE IN THIS SPACE 01212004 No

1212004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-1301266 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305 887-6570

122/04

6. Name and Address of Current Registered Agent

GINSBURG, MURRAY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010

SIGNATURE:

## 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10. OFFICERS AND DIRECTORS					Walter and the same a state of the same and	
TITLE NAME Street Address City-St-Zip	PD GINSBURG,MURRY 2775 W. OKEECHOBEE RD. HIALEAH, FL				U00000012255 01/26/01-80002-007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GINSBURG, ANDREW 2775 W. OKEECHOBEE RD. HIALEAH, FL				01/26/01-80002-007	' 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINSBURG,ANN 2775 W. OKEECHOBEE RD. HIALEAH, FL			DO	NOT WRITE	"
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ÎN ٦	THIS SPACE	** ************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP						· ·=
12. I hereby certify that the information supplied with this filling 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.						

ANDREW GINSRUAL