

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 410403**

1. Entity Name  
**MOBILE HOME CITY, INC.**



Principal Place of Business  
**101 MIRACLE STRIP PKWY.  
P. O. BOX 15150  
PENSACOLA, FL 32514**

Mailing Address  
**101 MIRACLE STRIP PKWY.  
P. O. BOX 15150  
PENSACOLA, FL 32514**

**DO NOT WRITE IN THIS SPACE**



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1425666**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLES, MICHAEL J  
207 W MIRACLE ST PKWY  
CONDO G301  
MARY ESTHER, FL 32569**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO  
BOLES, MICHAEL J  
207 W MIRACLE STP PKW CONDO G301  
MARY ESTHER, FL 32569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BOLES, ELIZABETH ANN  
430 YORK ST  
GULF BREEZE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WOODALL, JACQUELINE  
701 ESSEZ RD  
FORT WALTON BEACH, FL 32547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000496582  
04/22/06-80018-015 150.00

**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 #

4-04-06 (850) 243-4488