

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 A**  
**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**



02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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]* **MICHAEL J. BOLES - PRESIDENT** **3-16-07**  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BOLES, MICHAEL J
STREET ADDRESS	207 W MIRACLE STP PKW CONDO G301
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	VP
NAME	BOLES, ELIZABETH ANN
STREET ADDRESS	430 YORK ST
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	ST
NAME	WOODALL, JACQUELINE
STREET ADDRESS	701 ESSEZ RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000668768  
03/27/07-80085-004 150.00

**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]* **MICHAEL J. BOLES - PRESIDENT** **3-16-07** **(850) 243-4488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #