


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90018 007 \*\*\*150.00

<b>DOCUMENT # 410403</b> 1. Entity Name <b>MOBILE HOME CITY, INC.</b>					
Principal Place of Business <b>101 MIRACLE STRIP PKWY. P. O. BOX 15150 PENSACOLA, FL 32514</b>			Mailing Address <b>101 MIRACLE STRIP PKWY. P. O. BOX 15150 PENSACOLA, FL 32514</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1425666</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOLES, MICHAEL J 207 W MIRACLE ST PKWY CONDO G301 MARY ESTHER, FL 32569</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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: <i>[Signature]</i> <b>MICHAEL J. BOLES - PRESIDENT</b> <span style="float: right;"><b>3-20-08</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BOLES, MICHAEL J 207 W MIRACLE STP PKW CONDO G301 MARY ESTHER, FL 32569</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL J. BOLES PRESIDENT 2209 ANDORRA ST. NAVARRE, FL 32564</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE ONLY		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BOLES, ELIZABETH ANN 430 YORK ST GULF BREEZE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. <b>WOODALL, JACQUELINE 701 ESSEZ RD FORT WALTON BEACH, FL 32547</b> <input checked="" type="checkbox"/> Delete <i>RETIRED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST. JACQUELINE WOODALL 701 ESSEZ RD FORT WALTON BEACH, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RETIRED		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <b>MICHAEL J. BOLES</b> <span style="float: right;"><b>3-20-08</b> (850) 243-4488</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					