

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410403

FILED
Apr 10, 2009
Secretary of State

Entity Name: MOBILE HOME CITY, INC.

Current Principal Place of Business:

101 W MIRACLE STRIP PKWY.
MARY ESTHER, FL 32569

New Principal Place of Business:

2209 ANDORRA STREET
NAVARRE, FL 32566

Current Mailing Address:

101 W MIRACLE STRIP PKWY.
MARY ESTHER, FL 32569

New Mailing Address:

P.O. BOX 6267
NAVARRE, FL 32566

FEI Number: 59-1425666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLES, MICHAEL J
2209 ANDORRA STREET
NAVARRE, FL 32566 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: P () Delete
Name: BOLES, MICHAEL J
Address: 2209 ANDORRA ST
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: BOLES, ELIZABETH ANN
Address: 430 YORK ST
City-St-Zip: GULF BREEZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL J. BOLES

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date