## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2004 08:00 AM Secretary of State **DOCUMENT # 444064** 1. Entity Name BOYENTON MOBILE HOMES, INC. Principal Place of Business Mailing Address 783 US 41 BY PASS SOUTH 783 US 41 BY PASS SOUTH VENICE, FL 34292 VENICE, FL 34292 03202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1501015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKERSON, ELIZABETH DO NOT WRITE 12291 GOLF COURSE RD PARRISH, FL 34219 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund\_Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE HICKERSON, ELIZABETH NAME U00000101384 STREET ADDRESS 12291 GOLF COURSE RD 04/02/04-80010-022 150.00 CITY-ST-ZIP PARRISH, FL 34219 TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(1). 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 game appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pither lifts empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OF DIRECTOR

**FILED**