2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 08:00 AM **DOCUMENT # 444064** Secretary of State 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1501015 Not Applicate Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINCH, JOHN 783 US 41 BYPASS S VENICE FL 34292 Street Address (P.O. Box Number is Not Acceptable) City 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 Signiture, typed or printed name of registered agent and title if applicable DATE INCIE Registered Apent signature required when reinstallings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition THILE ☐ Delete TITLE NAME FINCH, JOHN MAME STREET ADDRESS STREET ADDRESS 783 US 41 BYPASS S CITY-ST-ZIP VENICE FL 34292 CHY-ST-ZIP 000000437785 02/28/06-80080-018-166600 Adm TITLE ☐ Delete THILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Media. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-78 CITY-ST-ZIP ☐ Change ☐ Acc:" Defete mu TOLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ A^a "" TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

Pres

SIGNATURE:

FILED

2-15-06 1-9414416672