## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 05, 2007 08:00 AM **DOCUMENT # 444064 Secretary of State BOYÉNTON 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 No Cha-P CR2E034 (11/05) 01042007 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 FINCH, JOHN DO NOT WRITE 783 US 41 BYPASS S VENICE, FL 34292 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, typed 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, 2007 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. TITLE FINCH, JOHN NAME U00000620855 **783 US 41 BYPASS S** STREET ADDRESS 02/09/07-80053-009 150.00 CITY-ST-ZIP VENICE, FL 34292 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

EIGNING OFFICER OR DIRECTOR

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