2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # 542842 **Secretary of State** 1. Entity Name JERSEY MOBILE HOME SALES, INC. Principal Place of Business Mailing Address 203 E LINEBAUGH AVE, TAMPA, FL. 33612 7813 COLLEY RD. ODESSA FL 33556 7813 COLLEY ROAD ODESSA FL 33556 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1740326 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOGARTY, JOHN H. 7813 COLLEY RD Street Address (P.O. Box Number is Not Acceptable) ODESSA FL 33556 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ME PD ☐ Delete TITLE ☐ Change Addition U00000024445 02/02/04-80062-025 150.00 FOGARTY, JOHN H MARKE NAME STREET ADDRESS 7813 COLLEY RD STREET ADDRESS CITY-ST-ZIP ODESSA FL CITY-ST-ZIP UDF SD ☐ Defete Change Addition LAW, RHEAF NAME NAME 7813 COLLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL COTY-ST-ZIP 3333 F ☐ Delete ☐ Change Addition NAME JONES, ANDREA L. MARKE STREET ADDRESS 7813 COLLEY RD STREET ADORESS C074-ST-70P ODESSA FL CITY-SI-ZIP 73T5 F Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THEE ☐ Delete TOTALE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZSP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZRP CITY-ST-ZIP 12. I hereby certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, 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. JOHN H. FORATTY, PRES.

FILED

(813) 920-9112

Jan. 27, 2004