


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 542842</b>	
1. Entity Name <b>JERSEY MOBILE HOME SALES, INC.</b>	

Principal Place of Business <b>203 E LINEBAUGH AVE, TAMPA, FL 33612</b> <b>7813 COLLEY RD.</b> <b>ODESSA, FL 33556</b>	Mailing Address <b>7813 COLLEY ROAD</b> <b>ODESSA, FL 33556</b> US
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1740326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FOGARTY, JOHN H.**  
**7813 COLLEY RD**  
**ODESSA, FL 33556**

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>FOGARTY, JOHN H</b>
STREET ADDRESS <b>7813 COLLEY RD</b>	
CITY-ST-ZIP <b>ODESSA, FL</b>	
TITLE <b>SD</b>	NAME <b>LAW, RHEA F</b>
STREET ADDRESS <b>7813 COLLEY RD</b>	
CITY-ST-ZIP <b>ODESSA, FL</b>	
TITLE <b>D</b>	NAME <b>JONES, ANDREA L.</b>
STREET ADDRESS <b>7813 COLLEY RD</b>	
CITY-ST-ZIP <b>ODESSA, FL</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80092-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** John H. Fogarty, Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

(813) 920-9112

Date

Daytime Phone #