

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 643724

1. Entity Name
AAA MANUFACTURED HOUSING, INC.



Principal Place of Business
10913 NEBRASKA AVE
TAMPA, FL 33612-5724

Mailing Address
10913 NEBRASKA AVE
TAMPA, FL 33612-5724



07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1957099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JACK W
10913 NEBRASKA AVE.
TAMPA, FL

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000374763
07/28/05-80001-019 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JACK W
STREET ADDRESS	10913 NEBRASKA AVENUE
CITY - ST - ZIP	TAMPA FL,
TITLE	ST
NAME	WILLIAMS, JACK W.
STREET ADDRESS	10913 NEBRASKA AVENUE
CITY - ST - ZIP	TAMPA, FL
TITLE	V
NAME	WILLIAMS, MARTHA D
STREET ADDRESS	10913 NEBRASKA AVENUE
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Williams 7/28/05 971-7581