


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690417 *</b> 1. Entity Name DICK SMITH MOBILE HOME INSURANCE, INC.	
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Principal Place of Business 16105 ALEXANDER RUN JUPITER, FL 33478	Mailing Address 16105 ALEXANDER RUN JUPITER, FL 33478
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03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  AUSTIN, STEPHEN P 16105 ALEXANDER RUN JUPITER, FL 33478	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN00000122292 04/21/04-80023-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS AUSTIN, PAULA M. 16105 ALEXANDER RUN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT AUSTIN, STEPHEN P 16105 ALEXANDER RUN JUPITER, FL 33478
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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 reports 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:** Paula Smith Austin V.P. 4/10/04 561-367-3365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAULA SMITH AUSTIN