

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90081 024 ****70.00

DOCUMENT # 741238

1. Entity Name
FLORIDA MOBILE HOME AND MANUFACTURED HOUSING POLITICAL ACTION COMMITTEE, INC.



Principal Place of Business
2958 WELLINGTON CR NO
SUITE 100
TALLAHASSEE, FL 32308 US

Mailing Address
2958 WELLINGTON CR NO
SUITE 100
TALLAHASSEE, FL 32308 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

40047077



04082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2264899

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, N FRANK
5333 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROP, DANIEL N 4300 S. PINE AVE OCALA, FL 34480 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARNOLD, JIM 410 TURKEY CREEK ALACHUA, FL 32615 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEINER, NELSON 4300 W CYPRESS ST STE 150 TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C CASHIN, KEN 732 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATM WILLIAMS, N F 2958 WELLINGTON CIR NO SUITE 100 TALLAHASSEE, FL 32309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHRADER, DENNIS P O BOX 368 N/A SAFETY HARBOR, FL 34695 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|----|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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: N. Frank Williams N. Frank Williams, Treasurer 4-10-06 850-907-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #