

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 827559

1. Entity Name
LIBERTY MOBILE HOMES OF FLORIDA, INC.



Principal Place of Business
LIBERTY HOMES, INC
495 OAK RD
OCALA, FL 34472-987 US

Mailing Address
P O BOX 35
GOSHEN, IN 46527 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1174256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COB
HUSSEY, EDWARD J
1101 EISENHOWER DRIVE N
GOSHEN, IN 46526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
HUSSEY, EDWARD JOSEPH
1101 EISENHOWER DR N
GOSHEN, IN 46526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HUSSEY, MICHAEL F
1101 EISENHOWER DR N
GOSHEN, IN 46526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUFFINE, DAVID
1101 EISENHOWER DR N
GOSHEN, IN 46526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAY, MITCHELL
1101 EISENHOWER DR N
GOSHEN, IN 46526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOSMANN, MARC A
1101 EISENHOWER DR N
GOSHEN, IN 46526

U000000760980
05/25/07-80035-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: *Marc A. Dosmann* Vice President - CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARC A. DOSMANN

5/1/07
Date

574-533-0731
Daytime Phone #