

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00456733



MOORE CR2E034 (4/04)

DOCUMENT # 836462					
1. Entity Name PERSHING MOBILE HOME SALES, INC.					
Principal Place of Business 901 NW 31ST AVENUE POMPANO BEACH FL 33069			Mailing Address 901 NW 31ST AVENUE POMPANO BEACH FL 33069		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-0645572	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BARDING, JERRY K. 901 NW 31ST AVENUE POMPANO BEACH FL 33069			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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when releasing)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BARDING, JERRY K.		NAME		
STREET ADDRESS	711 S.E. 3RD ST.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BRILLEY, CAROL SUE		NAME		
STREET ADDRESS	3133 SE DOUBLETON DR		STREET ADDRESS		
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HIMMEL, BRADLEY A		NAME		
STREET ADDRESS	7900 E. UPPER RODGE DR		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33076		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Debra K. ...</i></u>			Date: <u>8-11-04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		