

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08469

FILED
Jun 22, 2004
Secretary of State

Entity Name: OAK VIEW MOBILE HOME SALES, INC.

Current Principal Place of Business:

2552 NE TURNER AVE.
75
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

2552 NE TURNER AVE.
75
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-2419489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, JOHN A ESQ
22 S LINKS AVE
STE 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOHL, WALTER H., JR.,
Address: 5100 ROUND LAKE RD.
City-St-Zip: APOPKA, FL

Title: TD () Delete
Name: SICCONI, KAREN S
Address: 2552 NE TURNER AVE., 75
City-St-Zip: ARCADIA, FL 34266

Title: SD () Delete
Name: WALTER, KOHL H. I
Address: 5100 ROUND LAKE RD.
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S SICCONI

TD

06/22/2004

Electronic Signature of Signing Officer or Director

Date