
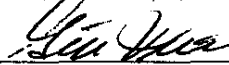


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90001 007 \*\*\*150.00

<b>DOCUMENT # J98977</b> 1. Entity Name <b>PHILLIPS MOBILE HOME, INC.</b>					
Principal Place of Business <b>7960 CANTERBURY LANE PLANTATION FL 33324-1988</b>			Mailing Address <b>7960 CANTERBURY LANE PLANTATION FL 33324-1988</b>		
2. Principal Place of Business <b>7100 RADICE CT</b>		3. Mailing Address <b>7100 RADICE CT</b>			
Suite, Apt. #, etc. <b>603</b>		Suite, Apt. #, etc. <b>603</b>			
City & State <b>LAUDERHILL</b>		City & State <b>LAUDERHILL</b>		4. FEI Number <b>65-0127659</b>	
Zip <b>33319</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33319</b>		Country <b>BROWARD</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VIEL, GILLES 7960 CANTERBURY LANE #203 PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name <b>VIEL GILLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>7100 RADICE CT APP 603</b> City <b>LAUDERHILL</b> <b>FL</b> Zip Code <b>33319</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VIEL, GILLES 7960 CANTERBURY LANE PLANTATION FL		<input type="checkbox"/> Delete		
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		
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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		
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/21/04</b> Daytime Phone # <b>954-581-4585</b>					