

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00467	
1. Entity Name LAKE ASHBY MOBILE HOMES, INC.	

Principal Place of Business 1165 S STATE ROAD 415 NEW SMYRNA BEACH FL 32168	Mailing Address 1165 S STATE ROAD 415 NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
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LANDRETH, ROBERT E 1165 S STATE RD 415 NEW SMYRNA BEACH FL 32168	
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7. Name and Address of New Registered Agent	
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE	D	☐ Delete
NAME	LANDRETH, ROBERT E	
STREET ADDRESS	1165 S STATE RD 415	
CITY - ST - ZIP	NEW SMYRNA BCH FL	
TITLE	D	☐ Delete
NAME	LANDRETH, MILDRED	
STREET ADDRESS	1165 S STATE RD 415	
CITY - ST - ZIP	NEW SMYRNA BCH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/04/04-80003-016 155.00

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: <i>Robert E Landreth</i>	1-30-04	386-428-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #