## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2005 8:00 am Secretary of State

01-28-2005 90035 027 \*\*\*150.00

DOCL	JMENT	# L004	167

1. Entity Name

LAKE ASHBY MOBILE HOMES, INC.



Principal Place of Business

1,

1165 S STATE ROAD 415 NEW SMYRNA BEACH, FL 32168 Mailing Address

1165 S STATE ROAD 415 NEW SMYRNA BEACH, FL 32168 50007968



## DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

 4. FEJ Number
 Applied For

 59-2962035
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDRETH, ROBERT E 1165 S STATE RD 415 NEW SMYRNA BEACH, FL 32168

## 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	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	·····································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRETH, ROBERT E 1165 S STATE RD 415 NEW SMYRNA BCH, FL				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			N.	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			
12. Thereby certify that the information supplied with this filling 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 it made under onthe that I am an officer or director.					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

386-428-1998