


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90031 040 ***150.00

DOCUMENT # L55867 1. Entity Name CENTRAL MOBILE HOMES, INC.	
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Principal Place of Business 930 HWY 80 W. LABELLE, FL 33935 US	Mailing Address P O BOX 1379 LABELLE, FL 33975 US
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DO NOT WRITE IN THIS SPACE

40009135



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0177214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KINNEY, KENNETH E JR. 891 N RIVER RD. LABELLE, FL 33935

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KINNEY, KENNETH E JR 891 N RIVER RD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOODBREAD, BRIDGETTE K 690 ALLEN RD CLEWISTON, FL 33440
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/22/08 863 675-8884

Date Daytime Phone #