

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050004

FILED
Apr 26, 2004
Secretary of State

Entity Name: A PLUS MANUFACTURED HOMES, INC.

Current Principal Place of Business:

2560 HWY 95 A SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 883
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3719414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHARLOU
708 COPPER RIDGE DR
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

WILLIAMS, CHARLOU
P.O. BOX 883
CANTONMENT, FL 32533 US

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: CHARLOU WILLIAMS

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, ANTHONY
Address: 3912 INDIA COVE
City-St-Zip: GULF BREEZE, FL 32563

Title: VSD () Delete
Name: WILLIAMS, CHARLOU
Address: 3912 INDIA COVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLOU WILLIAMS

VSD

04/26/2004

Electronic Signature of Signing Officer or Director

Date