

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90030 016 \*\*\*150.00

**DOCUMENT # P01000096454**

1. Entity Name  
**NORTH FLORIDA MOBILE HOME INSTALLERS, INC.**



Principal Place of Business  
**101 RUSTIC PINE  
JASPER, FL 32052**

Mailing Address  
**C/O KENNETH M. DANIELS, CPA  
108 CENTRAL AVE., N.W.  
JASPER, FL 32052**

40013661



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01232008 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3756318**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, KENNETH M CPA  
108 CENTRAL AVENUE N.W.  
JASPER, FL 32052**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCGAULEY, DOUGLAS L 101 RUSTIC PINE JASPER, FL 32052</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P McGauley, Douglas L 3072 NW Hwy 129 Jasper FL 32052</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Douglas L. McGauley* **1-28-08** **386-303-1963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #