

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90077 045 ***150.00

DOCUMENT # P02000004716

1. Entity Name
CALOOSA MOBILE HOME SETUPS, INC.



Principal Place of Business
**600 COWBOY WAY EAST
LABELLE, FL 33935**

Mailing Address
**1289 IVAN BLVD
LABELLE, FL 33935**

94030100



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3645070

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARCOTTE, BETTY J
1289 IVAN BLVD
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCOTTE, STEVEN
STREET ADDRESS	1289 IVAN BLVD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VP
NAME	POLHILL, FRANK S
STREET ADDRESS	497 CALOOSA ESTATES DR
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	S
NAME	MARCOTTE, WILLIAM A
STREET ADDRESS	1289 IVAN BLVD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	T
NAME	MARCOTTE, BETTY J
STREET ADDRESS	1289 IVAN BLVD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Betty J. Marcotte **Betty J. Marcotte** 3-23-04 863-675-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #