


2004 FOR PROFIT CORPORATION ANNUAL REPORT

PG 182

FILED
04 JUL -7 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/5/04 90205 025 15000

DOCUMENT # P03000040018			
1. Entity Name PREMIER MOBILE HOMES OF SOUTH FLORIDA, INC			
Principal Place of Business 6715 WILSON ROAD WEST PALM BEACH, FL 33413		Mailing Address 6715 WILSON ROAD WEST PALM BEACH, FL 33413	
2. Principal Place of Business 3091 Forest Hill Blvd Suite, Apt. #, etc.		3. Mailing Address PO Box 20306 Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33406		Zip 33416	
Country USA		Country USA	
4. FEI Number 141879975		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 DECORT, CHARLEEN M 6715 WILSON ROAD WEST PALM BEACH, FL 33413		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DECORT, CHARLEEN M 6715 WILSON ROAD WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 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: <u>Charleen Decort</u> President		Date: <u>04/29/04</u> 5619630008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
<u>Charleen Decort</u>			

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PREMIER MOBILE HOMES OF SOUTH FLORIDA, INC.

3091 Forest Hill Boulevard • West Palm Beach, Fl. 33406 • Phone 561-963-0008 • Fax 561-963-0009

July 02, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314

RE: Document# P03000040018

I received a "Notice of Intent to Dissolve" today for the above document number.

I did mail the annual report that my accountant completed along with the fee on April 29, 2004. Unfortunately I did not notice that he had not provided the FEI number and the annual report was mailed back to me (by your department) for being incomplete.

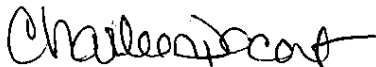
I received the incomplete report on May 25th, 2004 at which time I entered the FEI Number and mailed it back the very same day.

I spoke to a representative from your department today, and she told me that there is no record of the completed annual report.

I am mailing a copy with an original signature along with a copy of the posted check. Please let me know what I can do to resolve this matter and prevent any further negative action.

Thank you for your time in this matter.

Sincerely,



Charleen Decort