

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040018

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: PREMIER MOBILE HOMES OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

3091 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

3727 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463

**Current Mailing Address:**

P O BOX 20306  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

FEI Number: 14-1879975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECORT, CHARLEEN M  
6715 WILSON ROAD  
WEST PALM BEACH, FL 33413      US

**Name and Address of New Registered Agent:**

DECORT, CHARLEEN M  
3727 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463      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: CHARLEEN M DECORT      07/06/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            DECORT, CHARLEEN M  
Address:        6715 WILSON ROAD  
City-St-Zip:    WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            DECORT, CHARLEEN M  
Address:        P.O. BOX 20306  
City-St-Zip:    WEST PALM BEACH, FL 33416

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: CHARLEEN M DECORT      D      07/06/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date