

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000043116

1. Entity Name
FL MOBILE HOME SALES INC



Principal Place of Business
**645 E. VENICE AVE.
VENICE, FL 34285 US**

Mailing Address
**645 E. VENICE AVE.
VENICE, FL 34285 US**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0006127

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000203559

01/29/05-80035-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
PROVENCHER, PAUL JR.
645 E. VENICE AVE.
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
PROVENCHER, MELINDA
645 E. VENICE AVE.
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
PROVENCHER, MELINDA
645 E. VENICE AVE.
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KARCHER, THOMAS J
645 E. VENICE AVE.
VENICE, FL 34292**

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:

Thomas J Karch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

941
232-0783

Daytime Phone #