

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000124972

1. Entity Name
WINTER HAVEN MOBILE HOME SUPPLY CENTER, INC.



Principal Place of Business
**1985 42ND STREET NW
WINTER HAVEN, FL 33881 US**

Mailing Address
**1985 42ND STREET NW
WINTER HAVEN, FL 33881 US**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **35-2219624** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERB, JOHN N
1985 42ND STREET NW
WINTER HAVEN, FL 33881**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ERB, JOHN B
STREET ADDRESS	5408 JERICHO AVE
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	OM
NAME	ERB, SHIRLEY A
STREET ADDRESS	136 JAY DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VPO
NAME	WATWOOD, DONALD H
STREET ADDRESS	3444 AVENUE F NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	AVPO
NAME	HANCOCK, SCOTT A
STREET ADDRESS	P O BOX 832
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80047-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **John Eeb** 3/16/07 863-967-0938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #