2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90038 004 ***150.00

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

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

01132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box
Street Address
Suite, Apt. #, etc.
City, State
Zip
Country

3. Mailing Address
Street Address
Suite, Apt. #, etc.
City, State
Zip
Country

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

7. Name and Address of New Registered Agent
Name
Street Address (no P.O. Box) (Not Applicable)
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, and agrees to the appointment of the new registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICER AND DIRECTORS		11. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS IN 10
Title Name Street Address City-State-Zip	Title D/A ☐ Delete Name ERB, JOHN B Street Address 5408 JERICHO AVE City-State-Zip POLK CITY, FL 33868	Title Name Street Address City-State-Zip ☐ Change ☐ Add
Title Name Street Address City-State-Zip	Title OM ☐ Delete Name ERB, SHIRLEY A Street Address 136 JAY DRIVE City-State-Zip WINTER HAVEN, FL 33880	Title Name Street Address City-State-Zip ☐ Change ☐ Add
Title Name Street Address City-State-Zip	Title VPO ☐ Delete Name WATWOOD, DONALD H Street Address 3444 AVENUE F NW City-State-Zip WINTER HAVEN, FL 33880	Title Name Street Address City-State-Zip ☐ Change ☐ Add
Title Name Street Address City-State-Zip	Title AVPO ☐ Delete Name HANCOCK, SCOTT A Street Address P O BOX 832 City-State-Zip POLK CITY, FL 33868	Title Name Street Address City-State-Zip ☐ Change ☐ Add
Title Name Street Address City-State-Zip	Title ☐ Delete	Title Name Street Address City-State-Zip ☐ Change ☐ Add
Title Name Street Address City-State-Zip	Title ☐ Delete	Title Name Street Address City-State-Zip ☐ Change ☐ Add

12. I hereby 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 with an address, if applicable, which is indicated as a change or addition for the entity named above.

SIGNATURE: _____ John Erb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR