2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001280

1807 SW 48TH LN

CAPE CORAL, FL 33914

Address: City-St-Zip: FILED Jan 08, 2009 Secretary of State

				,	
Entity Name: LEE COUNTY MOBILE HOME INC					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1807 SW 4 CAPE COF	8TH LN RAL, FL 33914	4			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1807 SW 48TH LN CAPE CORAL, FL 33914					
FEI Number:	20-4045481	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
JIMENEZ, WILFREDO A SR 1807 SW 48TH LN CAPE CORAL, FL 33914 US			813 DELTONA BLY BOX 1373253	ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A BOX 1373253 DELTONA, FL 32725 US	
The above in the State	named entity : of Florida.	submits this statement for the pur	pose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: JIMENEZ, WILFREDO A SR				01/08/2009	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JIMENEZ, WILI 1807 SW 48TH CAPE CORAL,	LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () JIMENEZ, WILI 1807 SW 48TH CAPE CORAL,	LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () JIMENEZ, BER	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JIMENEZ, WILFREDO A SR P 01/08/2009