## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000095846

Title:

Name:

Address:

City-St-Zip:

TREA

TISON, JAMES M

523 MANATEE AVE

ELLENTON, FL 34222

(X) Delete

Entity Name: IT'S 4 SALE MOBILE HOMES INC.

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 523 MANATEE AVENUE** ELLENTON, FL 34222 **Current Mailing Address: New Mailing Address: 523 MANATEE AVENUE** ELLENTON, FL 34222 FEI Number: 20-1512602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATTHEWS, TERENCE 5190 26TH STREET WEST STE D BRADENTON, FL 34207 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: PRFS (X) Change ( ) Addition LAMBERT, PAUL M Name: Name: TISON, LINDA P 6522 LACEY LANE 523 MANATEE AVENUE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: ELLENTON, FL 34222 Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: TISON, LINDA P Name: TISON, JAMES M 523 MANATEE AVE 523 MANATEE AVE Address: Address: ELLENTON, FL 34222 ELLENTON, FL 34222 City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition LAMBERT, DIANE M Name: Name: 6522 LACEY LANE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA P. TISON **PRES** 01/20/2009

() Change () Addition