2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018578

City-St-Zip:

Entity Name: CENTRAL MOBILE HOMES OF CLEWISTON, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
2160 W. H' CLEWISTO	WY 27 DN, FL 33440	US					
Current Mailing Address:			New Maili	New Mailing Address:			
P. O. BOX CLEWISTO	925 DN, FL 33440	US					
FEI Number:	65-0496683	FEI Number Applied For ()	FEI Number Not App	licable ()	Certific	ate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address o	f New Re	gistered Agent:	
The above	WY. 27 DN, FL 33440	US ubmits this statement for the	purpose of changing i	ts registered	d office or	registered agent, or both,	
SIGNATUR							
01011/1101		c Signature of Registered Ac	gent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I ALLEN, KIM E. 240 POLLYWOG LABELLE, FL	Delete ∋ PT	Title: Name: Address: City-St-Zip:	PT ALLEN, KIM 240 POLLY\ LABELLE, F	È WOG PT	() Addition	
Title: Name: Address:	1()	Delete	Title: Name: Address:	VPS ALLEN, SAN 240 POLLYN	IDRA L	(X) Addition	

City-St-Zip: LABELLE, FL 33935

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

SIGNATURE: KIM E. ALLEN P 04/16/2007