

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000001747

1. Entity Name

FRIER MOBILE HOME SALES, INC.



Principal Place of Business

2618 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

Mailing Address

12788 US 90 WEST
LIVE OAK, FL 32060



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3356142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000001508412
04/28/06-80002-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FRIER, MATTHEW
STREET ADDRESS	12788 US 90 W
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DT
NAME	FRIER, TODD
STREET ADDRESS	12788 US 90 W
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DV
NAME	BOX, RANDALL
STREET ADDRESS	1519 JACKS DR.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Frier

4/13/06

Date

386-362-2720

Daytime Phone #