

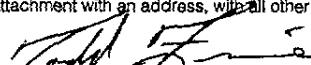


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P96000009586</b>		
1. Entity Name <b>FRIER MANUFACTURED HOME MODEL CENTER OF CHIEFLAND, INC.</b>		
Principal Place of Business <b>2101 NW 11TH DR. CHIEFLAND, FL 32626</b>	Mailing Address <b>12788 US 90 WEST LIVE OAK, FL 32060 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03312006 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>59-3362177</b>
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>HALEY, WILLIAM J 10 N. COLUMBIA ST. LAKE CITY, FL 32055</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>1000000508414 04/28/06-80002-011 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FRIER, MATTHEW W 12788 US HWY 90 W LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FRIER, TODD 12788 US HWY 90 W LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 607, 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:  <b>Todd Frier</b>		<b>4/13/06</b> Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>386-362-2720</b> Daytime Phone #