

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000009600

1. Entity Name
**FRIER MANUFACTURED HOME MODEL CENTER OF
YULEE, INC.**



Principal Place of Business
**1619 E. S.R. 200
YULEE, FL 32097**

Mailing Address
**12788 US HWY 90 W
LIVE OAK, FL 32060**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3382156** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALEY, WILLIAM J
10 N. COLUMBIA ST.
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FRIER, MATTHEW W
STREET ADDRESS	12788 US 90 WEST
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JOHNSON, JAMES L
STREET ADDRESS	1740 LESLIE CT
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034
TITLE	DV
NAME	FRIER, WAYNE
STREET ADDRESS	12788 US HWY 90 W
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	DT
NAME	FRIER, TODD
STREET ADDRESS	12788 US HWY 90 W
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Todd Frier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Frier

3-1-05

Date

386-362-2720

Daytime Phone #