

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000086792

1. Entity Name
CALOOSA MOBILE HOMES, INC.



Principal Place of Business
**600 COWBOY WAY
LABELLE, FL 33935**

Mailing Address
**P.O. BOX 460
LABELLE, FL 33975 US**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0701552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARCOTTE, BETTY
1289 IVAN BLVD
CITY OF LA BELLE, FL 33935**

**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 reappointing)

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

000000327710
04/25/05-80040-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARCOTTE, WILLIAM
STREET ADDRESS	1289 IVAN BLVD
CITY - ST - ZIP	LA BELLE, FL 33935
TITLE	STD
NAME	MARCOTTE, BETTY
STREET ADDRESS	1289 IVAN BLVD
CITY - ST - ZIP	LA BELLE, FL 33935
TITLE	VD
NAME	POLHILL, FRANK S
STREET ADDRESS	497 CALOOSA ESTATES DR
CITY - ST - ZIP	LABELLE, FL 33935
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 exemption stated in Section 119.07(3)(i), 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: *Betty J. Marcotte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty J. Marcotte 4-21-05 863-675-4300

Date

Daytime Phone #