2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000086792



FILED Apr 25, 2008 08:00 AN Secretary of State

CALÓOSA MOBILE HOMES, INC.									
Principal Plac	e of Business	Mailing Address							
		· ·							
600 COWBOY WAY P.O. BOX 460 Labelle, fl 33935 Labelle, fl 33975			US						
EADELLE, TE 33333 EADELLE, TE 33373 03			03						
						B JENTE ETALL ERIK ETAKL ETAL			
Principal Place of Business - No P.O. Box # Mailing Address									
1289 Ivan Blvd					(Idenomi II	\$ 14(12 \$111 BAN) \$ \$ 14(1 BAN)	. Amimi imist mists	18818 18118 618	1887 (1488)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032008	Chg-P	CR2E034	4 (12/06)		
								<u> </u>	
City & State		City & State			4. FEI Numb	- -		متساسسا	plied For
LaBelle, FL		7:-			65-070	11552			t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	
33935 USA 6. Name and Address of Current Registered Agent			1		7 Name and	Address of New D		•	
	6. Name and Address of Current	Narr	7. Name and Address of New Registered Agent Name						
MARCOTTE, BETTY									
1289 IVAN BLVD				Street Address (P.O. Box Number is Not Acceptable)					
CITY OF L	A BELLE, FL 33935	<u> </u>							
			City	1.			FL	Zip Code	•
			1			n :- n - 0 4 5 -		10	
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.									
and designation of regional de agonit									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.	00 May Be	 U000009	22272		
Arterma	ay 1, 2006 Fee Will be \$550.U	inds: rand commo	41.0111		54 (5) 555		:0041-00	02 150.	.00
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI			
TITLE	PD Delete TITL		TITLE					Change	☐ Addition
NAME	MARCOTTE, WILLIAM		NAME						
STREET ADDRESS	1289 IVAN BLVD		STREET ADDRE	223					İ
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP						
TITLE	STD	☐ Delete	TITLE				[Change	☐ Addition
NAME	MARCOTTE, BETTY		NAME						1
STREET ADDRESS	1289 IVAN BLVD		STREET ADDRE	ESS					1
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP						
TITLE	VD	☐ Delete	TITLE				[Change	☐ Addition
NAME	POLHILL, FRANK S		NAME						
STREET ADDRESS	497 CALOOSA ESTATES DR		STREET ADDRE	ESS					
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP						. , .
TITLE		☐ Delete	TITLE				Į	Change	Addition
NAME		İ	NAME						
STREET ADDRESS			STREET ADDRE	ESS					1
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delcte	TITLE				[Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADORE	:33					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				l	Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	592					
12. I hereby certify that the information supplied with this filing does not qualify for the exemp					in Cha-1 111	Cleated Character	fushar	that the '-	formati
iz. Hereby C	ermy mar me information supplied with	ans many does not dright tot it	IO BYGUIDHOL	is contained	an Chapter 118	o, Fiorida Statutes. I	rate cettal	rinai ine in	nomiation

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.