

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000007356 ~

1. Entity Name
WILKINS MOBILE HOME SETUP, INC.



Principal Place of Business
**8217 FT. DADE AVENUE
BROOKSVILLE, FL 34601**

Mailing Address
**8217 FT. DADE AVENUE
BROOKSVILLE, FL 34601**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3423426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKINS, MARK S SR
8217 FT. DADE AVENUE
BROOKSVILLE, FL 34601**

**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 *Mark S. Wilkins*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

3/12/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000090643
03/17/04-80027-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKINS, MARK S SR
STREET ADDRESS 8217 FT. DADE AVENUE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE FVP
NAME WILKINS, MARK S. JR.
STREET ADDRESS 8217 FT. DADE AVE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE SVP
NAME WILKINS, ROBERT
STREET ADDRESS 8217 FT. DADE ST
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ST
NAME WILKINS, BETTY R.
STREET ADDRESS 8217 FT. DADE AVE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Mark S. Wilkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 352-796-7002
Date Daytime Phone #