


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000046688</b> 1. Entity Name <b>NORMANDY MOBILE HOME SALES INC.</b>	
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Principal Place of Business <b>7952-12 NORMANDY BLVD JACKSONVILLE, FL 32221</b>	Mailing Address <b>7952-12 NORMANDY BLVD JACKSONVILLE, FL 32221</b>
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3513533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, MIKE W  
PO BOX 2736 HIGHWAY 90 WEST  
LAKE CITY, FL 32056**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLLINS, MIKE W RT. 8 BOX 875 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, SCOTT 2100 W. FAIRFAX LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, MIKE G 1911 CHARLESTON CT LAKE CITY, FL 32056
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05/01/07-80063-025 150.00

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: Mike W. Collins Mike W. Collins President 1-19-07 386-262-3743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #