## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 20, 2006 08:00 AM DOCUMENT # P98000106744 **Secretary of State** JOHN T'S MANUFACTURED HOMES, INC. Principal Place of Business Mailing Address 2312 US HWY 92 EAST **608 N. SYLVAN STREET** PLANT CITY, FL 33566 ATTN: JOHN WILLIAMS BRANDON, FL 33510 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549996 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STAFFORD, S.L. DO NOT WRITE 15951 N. FLORIDA AVENUE LUTZ, FL 33549 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. Lam lamitar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and fifte if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMS, JOHN T NAME STREET ADDRESS 608 N. SYLVAN DR. BRANDON, FL 33510 CITY-ST-ZIP S/D TITLE U000000439344 WILLIAMS, JANE' M NAME 03/01/06-80042-017 150.00 STREET ADDRESS 608 N. SYLVAN DR BRANDON, FL 33510 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 suppliergental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver of 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 attainfinant pair an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CCTY-ST-ZIP

NAME STRUET ADDRESS City-ST-ZR

Daytone Phone #