2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000007272

1. Entity Name
DAVINA MOBILE HOME, INC.

Principal Place of Business	Mailing Address
2120 58TH AVE.,STE.109 VERO BEACH, FL 32962	2120 58TH AVE.,STE.109 VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

04252004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0903812	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

REIFF, ANDREW L P.A.
135 W. CENTRAL BLVD.,STE.720
ORLANDO, FL 32801

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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 reinstating)   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

000000158064
05/07/04-80006-016 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	MACDONALD, JOSEPH
STREET ADDRESS	2120 58TH AVE.,STE.109
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Joseph MacDonald_   _5-6-04_   _201-394,9711_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #