

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90026 024 \*\*\*158.75

**DOCUMENT # 822899**  
 1. Entity Name  
**PHOENIX MOBILE HOMES, INC.**



Principal Place of Business      Mailing Address  
**1330 CHARLESTOWN ROAD**      **1330 CHARLESTOWN ROAD**  
**PHOENIXVILLE, PA 19460**      **PHOENIXVILLE, PA 19460**

40008005



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*1330 Charlestown Rd*      *1330 Charlestown Rd*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01252007    Chg-P    CR2E034 (12/06)

City & State      City & State  
*Phoenixville PA*      *Phoenixville PA*  
 Zip      Country      Zip      Country  
*19460*      *US*      *19460*      *U.S*

4. FEI Number      Applied For  
**23-1570943**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OVERSTREET, JAMES	
STREET ADDRESS	315 NATALIE ROAD	
CITY-ST-ZIP	PHOENIXVILLE, PA 19460	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FIFER, ELIZABETH	
STREET ADDRESS	1281 JANIC LAN BOX 157	
CITY-ST-ZIP	BIRCHRUNVILLE, PA 19421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFER, ELIZABETH	
STREET ADDRESS	1281 JANIE LANE	
CITY-ST-ZIP	BIRCHRUNVILLE PA 19421	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew P. Fifer	
STREET ADDRESS	153 MARY HILL RD	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET ARSEVICH	
STREET ADDRESS	1116 JANIE LANE	
CITY-ST-ZIP	BIRCHRUNVILLE PA 19421	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *Elizabeth A. Fifer*      *Elizabeth A. Fifer*      *1/25/07*      *610-933-5627*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #