2008 FOR PROFIT CORPORATION ANNUAL REPORT

May

Secretary of State 01-29-2008 90018 030 ***150.00 **DOCUMENT #608110** 1. Entity Name ROYAL COACHMAN HOMES, INC. 40012000 Principal Place of Business Mailing Address P. O. BOX 5254 10153 CORTEZ BLVD BROOKSVILLE, FL 34613 SPRING HILL, FL 34606-0299 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAZZUCO, MARY Street Address (P.O. Box Number is Not Acceptable) 10153 CORTEZ BLVD BROOKSVILLE, FL 34613 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. Fam familiar with, and accept the obligations of registered age it. SIGNATURE 9._Election Campaign Financing \$5.00 May 6a FILE NOW!!!-FEE-IS \$150:00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE Change Addition TITLE MAZZUCO, JOSEPH, JR NAME NAME 10350 RAMBLE RIDGE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BROOKSVILLE, FL 34613 ☐ Channe Addition STV Delete THILE MAZZUCO, MARY NAME NAME 10353 RAMBLE RIDGE CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BROOKSVILLE, FL 34613 ☐ Delete ☐ Change □ Addition THLE TITLE MAZZUCO, LORETTA R NAME STREET ADDRESS 9750 SUNBEAM DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CHIY-ST-7IP Addition ☐ Change Delete THILE TITLE MAZZUCO, JOSEPH W NAME STREET ADDRESS STREET ADDRESS 10319 WATERS EDGE CT. BROOKSVILLE, FL 34613 CITY ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusfee 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 attackment with an address, with all other like empowered.

FILED Jan 29, 2008 8:00 am