## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2007 08:00 AM Secretary of State

ANNUAL REI	PORT	- •	•	Jan	<i>3</i> 1, 2007	08:00
DOCUMENT # F63830				S	ecretary	of Sta
Entity Name     GREMEL MOBILE HOMES, INC.						
GREWEL WOBILE HOWES, INC.						
Principal Place of Business Mailing	g Address					
	05 N NEBRASKA AVE					
TAMPA, FL 33612 TAMI	PA, FL 33612					
	,	'	01112007	No Chg-P	CR2E034 (11/0	5)
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	Butter in the state of the stat			of Status Desirod	□ \$8.75	Additional
6. Name and Address of Current Registere					Fee Requ	ired
or Harris and Address of Carrent Registers	u Agent					
GREMEL (KIRK A.) 1105 N NEBRASKA AVE			DO	<b>NOT W</b>	RITE	,
TAMPA, FL 33612		in the state of		THIS SP	£	
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						•
The above named entity submits this statement for the purporthe obligations of registered agent.	ose of changing its registere	d office or register	ed agent, or bo			th, and accept
Ku A Shames	2			J.	- 26-07	
SIGNATURE Signature, typed or printed name of registered agent and title if app	kcable. (NOTE: Registered	Agent signature required	when revisiating)		DATE	
					<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	· _ ~ .	00 May Be ad to Fees			
10. OFFICERS AND DIRECTOR	RS					***
ITILE PT NAME GREMEL, KIRK A				Lanan	to the second second	
STREET ADDRESS 16523 SILVERHILL DR				000000 02.000.007.	)613170 -80027 <b>-</b> 022	(CO OO
CITY-ST-ZIP TAMPA, FL 00000, 33624					,	130,00
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NAME GREMEL, BILLIE L STREET ADDRESS 16523 SILVERHILL DR						
CITY-SI-ZIP TAMPA, FL 00000, 33624						
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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 impowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

Date

813-971- 3335

Daytime Phone #