2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G91203

Entity Name: RAHN'S SERVICE, INCORPORATED

FILED Nov 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2812 HWY 60 E 2818 SR 60 E

LAKE WALES, FL 33853 LAKE WALES, FL 33898 US US

Current Mailing Address: New Mailing Address:

2812 HWY 60 E 2818 SR 60 E

LAKE WALES, FL 33853 US LAKE WALES, FL 33898 US

FEI Number: 59-1723465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RAHN, DONALD L STEPHANIE MOBLEY. 2812 HWY 60 EAST 2812 HWY 60 EAST

LAKE WALES, FL 33853 LAKE WALES, FL 33853 US US

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.

SIGNATURE: STEPHANIE M. MOBLEY 11/20/2007

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RAHN, DONALD L., STEPHANIE M MOBLEY., Name: Name: 184 LAKEVIEW DRIVE 224 PALM LEAF AVE Address: Address: HAINES CITY, FL City-St-Zip: City-St-Zip: LAKE WALES, FL 33898

() Delete Title: VST Title: VST (X) Change () Addition

RAHN, BRENDA L Name: Name: MOBLEY, CHRIS L 2812 HWY 60 E 2818 SR 60 E Address: Address: LAKE WALES, FL LAKE WALES, FL 33898

Title: Title: () Delete (X) Change () Addition

RAHN, BRENDA L Name: MOBLEY, STEPHANIE M Name: 2812 HWY 60 E 2818 SR 60 E Address: Address:

City-St-Zip: LAKE WALES, FL City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE M MOBLEY PD 11/20/2007