

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 045 ***150.00

DOCUMENT # K36012 1. Entity Name LEHMAN'S MOBILE HOME SERVICE, INC.					
Principal Place of Business 14951 113TH AVENUE, NORTH LARGO, FL 34644			Mailing Address 14951 113TH AVENUE, NORTH LARGO, FL 34644		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33774		Country		Zip 33774	
Country		4. FEI Number 59-2910760			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEHMAN, GARY E. 14951 - 113TH AVENUE NO. LARGO, FL 34644			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33774		
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: <i>Mary Lehman</i> 4-205 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LEHMAN, GARY E. 14951 113TH AVE., N. LARGO, FL ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Largo, FL 33774 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S LEHMAN, MARY A. 14951 113TH AVE., N. LARGO, FL ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Lehman, Mary A. Largo, FL 33774 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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 or other like empowered.					
SIGNATURE: <i>Mary Lehman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-205 Daytime Phone #	