

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108031

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** ROACH MOBILE HOME SERVICES, INC.

**Current Principal Place of Business:**

12570 66TH ST N. UNIT 21  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

12570 66TH ST N. UNIT 21  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 59-3685700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROACH, BURTON E  
12570 66TH ST N. UNIT 21  
LARGO, FL 33773

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ROACH, CALEY S  
Address: 3818 15TH AVE. SE  
City-St-Zip: LARGO, FL 33771

Title: V ( ) Delete  
Name: ROACH, DANIEL J  
Address: 1444 POINCIANA DR.  
City-St-Zip: CLEARWATER, FL 33764

Title: P ( ) Delete  
Name: ROACH, BURTON E  
Address: 1444 POINCIANA DR.  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: ROACH-JAYE, CALEY  
Address: 810 CHESTER DRIVE  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CALEY ROACH-JAYE

S

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date