2006 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or trustee emp changed, or on an attachment with an address?

SIGNATURE:

FILED Mar 21, 2006 8:00 am Secretary of State 03-21-2006 90040 042 ***158.75

DOCUMENT # P00000108031 1. Entity Name ROACH MOBILE HOME SERVICES, INC.									
Principal Place of Business 6167 126TH AVE			Mailing Address					50003833	
LARGO, FL 33773			LARGO, FL 33773	6167 126TH AVE LARGO, FL 33773			-		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Numb		}	pplied For at Applicable
Zip	_ Country		_Zip	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional = - d
	6. Name and Ad	dress of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
ROACH, B	URTON E			Nam	Bu	rtan	E.Boo	<u>ch</u>	
12570 66TH ST N. UNIT 21 LARGO, FL 33773				Stree	t Address (er is Not Acceptable	e) Dr.	
LARGO, FI	L 33//3								•
					circlean outer FL 350014				
	named entity submit		r the purpose of changing it	s registered office	or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed it	name of registered agent	and title if applicable. (NC	TE: Registered Agent si	<u>urto</u>		Roach	3/17/C	96
	É NOW!!! FEE I ny 1, 2006 Fee		9. Election Camp Trust Fund Cor			.00 May Be led to Fees			
10.	Γ_	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE NAME	S JAYE, CALEY R		☐ Delete	TITLE NAME		och Ca	(eV	(2) Change	☐ Addition
STREET ADDRESS CITY+ST+ZIP			,	STREET ADDRE	ss 381	8 151h A	ie se 1. 3377	1	
TITLE	V	1 2 33730	☐ Delete	TITLE	la	180 1	U 3311	☐ Change	Addition
NAME	ROACH, DANIEL J			NAME					
STREET ADDRESS City-St-Zip	2248 PALMETTO CLEARWATER,			STREET ADDRE	SS				,
TITLE	P		☐ Delete	TITLE			,	Change	☐ Addition
NAME STREET ADDRESS	ROACH, BURTON E 1444 POINCIANA DR.			NAME STREET ADDRE	rr l				
CITY-ST-ZIP	CLEARWATER,			CITY-ST-ZIP	33				
TITLE		•	☐ Delete	TITLE				Change	Addition
NAME Street Address				NAME STREET ADDRE	٠,				
CITY-ST-ZIP				CITY-ST-ZIP	33				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				name Street adore					
CITY+ST-ZIP				CITY-ST-ZIP	×		*		
TITLE			☐ Defete	TITLE				☐ Change	☐ Addition
NAME				NAME STREET ADDRE					
STREET ADDRESS CITY+ST-ZIP				STREET ADDRE	22				
12. I hereby o	certify that the inform	ation supplied with	n this filling does not qualify	for the exemption	s containe	d in Chapter 11	9, Florida Statutes.	I further certify that the	information