

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111962

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: MOBILE SERVICES CORPORATION

## Current Principal Place of Business:

2630 HAWK ROOST CT  
HOLIDAY, FL 34691

## New Principal Place of Business:

## Current Mailing Address:

2630 HAWK ROOST CT  
HOLIDAY, FL 34691

## New Mailing Address:

FEI Number: 59-3699090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VASQUEZ, ELSA  
2630 HAWK ROOST CT  
HOLIDAY, FL 34691 US

## 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: PD ( ) Delete  
Name: GUERRERO, POLICARPO  
Address: 2630 HAWK ROOST CT  
City-St-Zip: HOLIDAY, FL 34691

Title: VD ( ) Delete  
Name: VASQUEZ, ELSA  
Address: 2630 HAWK ROOST CT  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ELSA N. VASQUEZ

VD

01/07/2005

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

\_\_\_\_\_  
Date