

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040413

FILED
Jan 20, 2009
Secretary of State

Entity Name: EASLER MOBILE HOME SERVICE, INC.

Current Principal Place of Business:

2823 HAM BROWN RD
KISSIMMEE, FL 34746

New Principal Place of Business:

4647 NW 63RD AVE
JENNINGS, FL 32053

Current Mailing Address:

2823 HAM BROWN RD
KISSIMMEE, FL 34746

New Mailing Address:

4647 NW 63RD AVE
JENNINGS, FL 32053

FEI Number: 59-3717757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASLER, LIONEL L
2823 HAM BROWN RD
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

EASLER, LIONEL L
4647 NW 63RD AVE
JENNINGS, FL 32053 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: _____

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EASLER, LIONEL
Address: 2823 HAM BROWN RD
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: EASLER, MISTY
Address: 2823 HAM BROWN RD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EASLER, LIONEL
Address: 4647 NW 63RD AVE
City-St-Zip: JENNINGS, FL 32053

Title: S (X) Change () Addition
Name: EASLER, MISTY
Address: 4647 NW 63RD AVE
City-St-Zip: JENNINGS, FL 32053

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: LIONEL L EASLER

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date