2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P02000049310 1. Entity Name 02-27-2006 90078 047 ***150.00 RANDY'S MOBIL RV SERVICE, INC. Principal Place of Business Mailing Address 328 BAYSIDE AVE. WINTER GARDEN FL 34787 328 BAYSIDE AVE. WINTER GARDEN FL 34787 2. Principal Place of Business 23251 BROUWERTOWN RD 23251 BROWWERTOWN Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Howey Gity & State IN The Hills, FL Applied For The Hills 01-0666835 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOOSSEN, RANDALL 328 BAYSIDE AVE. WINTER GARDEN FL 34787 **HOWEN** IN THE HILLS 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition GOOSSEN, RANDALL NAME GOOSSEN, RANDALL NAME 23251 BROWNERTOWN RD STREET ADDRESS STREET ADDRESS 328 BAYSIDE AVE HOWEN IN THE HILLS, FL 34737 CITY-ST-7P WINTER GARDEN FL 34787 CITY-ST-7/P Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 attachm

SIGNATURE:

FILED