2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P02000049310 1. Enlity Namo RANDY'S MOBIL RV SERVICE, INC. | | | | | 007 08:00 AN tary of State | |
|--|---|--|---|--|------------------------------------|--|
| Principal Place of Business 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 | | Mailing Address 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 | | | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR28 | E034 (10/06) | |
| City & State | | City & State | | 4. FEI Number 01-0666835 \ | Applied For | |
| Zip | Country | Zıp | Country | 5. Certificate of Status Dosired | \$9.75 Additional | |
| | 6. Name and Address of Current | Registered Agent | Namo | 7. Name and Address of New Registe | | |
| GOOSSEN, RANDALL 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | · · · · · · · · · · · · · · · · · · · | FL Zip Code | |
| 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature | | | | | | |
| After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. 45.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS | | |
| NAME STREET ADDRESS CHY-SI-7IP | GOOSSEN, RANDALL 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 | ☐ Delete | HITE NAMI STREET AODRESS CHY-SI-ZIP | U0000060481 01/30/07-80010 | 2 Change Addition -019 150 00 | |
| THIT NAME SHEEL ADDRESS CITY-ST-ZIP | | ☐ Defete | MILE NAME. STREET ADDRESS CHY-SI-ZIP | | ☐ Change ☐ Addilion | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | ☐ Delete | THE NAME. SINGELADON SS CITY-ST-ZIP | | Change Addilion | |
| THU NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delelc | THE. NAM! SHILE LADDIESS CHY-SI-749 | | Change Addition | |
| HHT NAME. SIRTET ADDRESS CHY+ST-ZIP | | ☐ Deleie | HILL NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addillon | |
| TITLE NAME STREET ADDRESS CITY-SE-ZIP | | ☐ Delete · | NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| 12. I hereby cortify that the information supplied with this filing 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 eath; 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 attachment with an accross, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE DESIGNED AND OFFICER OF PRESTOR. | | | | | | |

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