2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P02000049310 1. Entity Name RANDY'S MOBIL RV SERVICE, INC. Principal Place of Business Mailing Address 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 01-0666835 Not Applicable Ζıρ Country 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 Name GOOSSEN, RANDALL Street Address (P.O. Box Number is Not Acceptable) 23251 BROUWERTOWN RD HOWEY IN THE HILLS FL 34737 City Zip Code 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 reg (NOTE: Registered Agant eightfund required when reinstalling FILE NOW!!! FEE:IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change Addition GOOSSEN, RANDALL MAME NAME U000008030<u>1</u>0 STREET ADDRESS 23251 BROUWERTOWN RD STREET ADDRESS 02/05/08-80007-022 150.00 CHY- ST- ZI? HOWEY IN THE HILLS FL 34737 CITY-ST-ZIP TITLE Derele TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 01TY-\$1-71P CHY-ST-ZIP TELL ☐ De ete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1177 F Defete THE ☐ Change ☐ Addition TIAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-2IP CITY+ST-ZIP HOLE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE Change Addition HOR Defete NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information

SIGNATURE:

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 efficer or director of the corporation or the receiver or frustee 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 attachmental with an address, with all other like empowered.