2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State

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02-04-2004 90071 020 ***150.00

DOCUMENT # P03000028881 MARK LABRIE'S MOBILE HOME & RV REPAIR, INC. Principal Place of Business Mailing Address 66402230 13202 4 ST 13202 4 ST FT MYERS, FL 33905 FT MYERS, FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E034 (10/03) Applied For City & State City & State Not Applicable Zip Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABRIE, MARK R Street Address (P.O. Box Number is Not Acceptable) 13202 4 ST FT MYERS, FL 33905 Zip Code City FL 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 Floride. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstitting) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE PD ☐ Delete TITLE ☐ Change Addition NAME LABRIE, MARK R NAME STREET ADDRESS 13202 4 ST STREET ADDRESS FT MYERS, FL 33905 CITY-SI-ZIP ŞTD Delete THILE Addition THE BIGELOW, EILEEN P NAME NAME STREET ADDRESS STREET ADDRESS 13202 4 ST CITY-ST-ZIP FT MYERS, FL 33905 CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C1TY - 51 - 71P CITY-ST-ZIP Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify 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 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 chapter of the corporation of the receiver of trustee empowered. changed, or on an attachment with ar

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