

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 028 ***150.00

DOCUMENT # P03000028881
 1. Entity Name
MARK LABRIE'S MOBILE HOME & RV REPAIR, INC.



Principal Place of Business Mailing Address
 13202 4 ST 13202 4 ST
 FT MYERS, FL 33905 FT MYERS, FL 33905

20044336



2. Principal Place of Business 3. Mailing Address
1457 Alwynne Dr. N. **1457 Alwynne Dr. N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State City & State
Lehigh Acres FL **Lehigh Acres FL**
 Zip Country Zip Country
33936 **USA** **33936** **USA**

4. FEI Number Applied For
42-1580542 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LABRIE, MARK R
13202 4 ST
FT MYERS, FL 33905

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1457 Alwynne Dr. N
 City State Zip Code
Lehigh Acres **FL** **33936**

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: Mark Labrie DATE: 4/21/05
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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LABRIE, MARK R	
STREET ADDRESS	13202 4 ST	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BIGELOW, EILEEN P	
STREET ADDRESS	13202 4 ST	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1457 Alwynne Dr. N.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1475 Alwynne Dr. N.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Labrie DATE: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #