2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 08:00 AM

DOCUMENT # P03000124573 1. Entity Name MANUFACTURED HOUSING SERVICES, INC. Principal Place of Business 8144 BUD DOUGLAS COURT, UNIT 14 P.O. BOX 1287				Secretary of State			
MICCO, FL		ROSELAND, FL 32957				K ((1888 (1888) 1888) 1888	
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DO NO, WILL IN THE CIA			NOL.	4. FEI Number 20-0419			Applied For Not Applicable
				5. Certificate of	of Status Desired		75 Additional Required
	6. Name and Address of Curren	t Registered Agent			-	. +	*
	DOUGLAS COURT, UNIT 14		DO	NOT W	RITE		
MICCO, FL				IN T	THIS SF	PACE	:
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_ Signature, typed or ponted name of registered agent and tale if applicable (NOTE Registered Agent stignature required when religitating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				5.00 May Be	· · · · · · · · · · · · · · · · · · ·		article (
10.	OFFICERS AN	D DIRECTORS				± 11	ger and Gastra
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	ROGERS, JOHN W 8144 BUD DOUGLAS COURT, MICCO, FL		·		•	÷	
TITLE NAME		-		ŧ ·	Élanan	nop1007	
STREET ADDRESS CITY-ST-ZIP					01/24/06	-80062-o	14 150.00
NAME		- ,			-	*	
STREET ADDRESS CITY - ST - ZIP				DO	NOT W	RITE	
NAME SIREEY ADDRESS		· · · · · · · · · · · · · · · · · · ·		IN T	THIS SI	PACE	
CITY-ST-ZIP		=	{		-		
NAME STREET ADDRESS CITY-ST-2IP			-	-			
TITLE							
STREET ADDRESS GITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutas. 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 it 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. JOHN ROGERS SIGNATURE: _