2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: X

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P03000124830 1. Entity Name EDWARDS MOBILE HOME SERVICES, INC. Mailing Address Principal Place of Business 11455 PITCAIRN STREET BROOKSVILLE FL 34613 11455 PITCAIRN STREET BROOKSVILLE FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 56-2422633 Not Applicable Zip 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 EDWARDS, JAMES P Street Address (P.O. Box Number is Not Acceptable) 11455 PITĆAIRN STREET **BROOKSVILLE FL 34613** 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 registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition 🗀 Delete TITLE Tible NAME EDWARDS, JAMES P MAME U000000334519 11455 PITCAIRN STREET STREET ADDRESS STREET ADDRESS 04/27/05-80047-010 150.00 BROOKSVILLE FL 34613 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete DILE HILF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP Delete [Change Addition THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition Delete MILE STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAM NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CUTY - ST - 71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report of 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.

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