

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90061 019 ***150.00

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1. Entity Name

GARY'S MOBILE HOME REPAIR SERVICES, INC.



Principal Place of Business

RT 22 BOX 491
LAKE CITY FL 32024
US

Mailing Address

RT 22 BOX 491
LAKE CITY FL 32024
US

2. Principal Place of Business

461 SW Lamboy Circle
Suite, Apt. #, etc.

3. Mailing Address

461 SW Lamboy Circle
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

20-0383384

Applied For

Not Applicable

Zip

32024

Country

US

Zip

32024

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C. SHARON JAMES
2629 BLAIR STONE ROAD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DECKER, GARY W
STREET ADDRESS ~~RT 22 BOX 491~~ 461 SW Lamboy Circle
CITY-ST-ZIP LAKE CITY FL 32024

TITLE V
NAME DECKER, PAMELA L
STREET ADDRESS ~~RT 22 BOX 491~~ 461 SW Lamboy Circle
CITY-ST-ZIP LAKE CITY FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

Pamela L. Decker Pamela L. Decker

4/18/04 (386) 755-7823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #