

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127422

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: GIL'S MOBILE HOME REPAIR, INC.

## Current Principal Place of Business:

8715 SE ALABAMA PLACE  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

8715 SE ALABAMA PLACE  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 20-0362271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRY M DEETS PA  
2400 S.E. VETERANS MEMORIAL PARK WAY  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

BARRY M. DEETS, P.A.,  
2400 S.E. VETERANS MEMORIAL PARKWAY  
SUITE 206  
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: BARRY M DEETS

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EGGMAN, GIL E  
Address: 8715 SE ALABAMA PLACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: S ( ) Delete  
Name: EGGMAN, NAOMI  
Address: 8715 SE ALABAMA PLACE  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIL EGGMAN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date