

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000127422

**FILED**  
**Mar 05, 2011**  
**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, P.A,  
2400 S.E. VETERANS MEMORIAL PARKWAY  
SUITE 206  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

DEETS, BARRY M ESQ.  
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, ESQ.

03/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** NAOMI EGGMAN

S

03/05/2011

Electronic Signature of Signing Officer or Director

Date