

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 018 ***150.00

DOCUMENT # P03000137672

1. Entity Name
MEL'S RV & MH SERVICES, INC.

Principal Place of Business Mailing Address
~~PO BOX 176~~ 8151 NE 112th PL ~~PO BOX 176~~ 8151 NE 112th PL
~~FERNDALE, FL 34729-0176~~ ~~FERNDALE, FL 34729-0176~~
Bronson, FL 32621 Bronson, FL 32621

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLABAUGH, MELVIN J
~~CR 455 #10710~~ 8151 N.E. 112th PL
FERNDALE, FL 34729-0176
Blason 32621

8. The above named entity submits this statement for the purpose of changing its 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: Register

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Finance
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLABAUGH, MELVIN J
STREET ADDRESS	PO BOX 176 8151 NE 112th PL
CITY-ST-ZIP	FERNDALE, FL 34729-0176 Bronson, FL 32621
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	

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

01282007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-0417175	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

Registered agent, or both, in the State of Florida. I am familiar with, and accept

_____ (Typed when reinstating)

_____ DATE

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

**DO NOT WRITE
IN THIS SPACE**

ed in Chapter 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director .07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

April 30, 2007
Date

407-694-8248 Cell
Daytime Phone #
352-486-4359