

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90327 026 ***150.00

DOCUMENT # P03000139610

1. Entity Name

MCCUTCHEON MOBILE HOME SERVICE, INC.



Principal Place of Business

357 6TH AVE W
BRADENTON FL 34205

Mailing Address

957 8TH AVE W
BRADENTON FL 34205

2. Principal Place of Business

3943 N Bluewater Dr.

Suite, Apt. #, etc.

3. Mailing Address

3943 N Bluewater Dr.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

Zip

34442

Country

CITRUS

City & State

HERNANDO FL

Zip

34442

Country

CITRUS

4. FEI Number

510489818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCUTCHEON, ROBERT
357 6TH AVE W
BRADENTON FL 34205

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

Robert L. McCutcheon

President

4/10/04

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 PD
NAME MCCUTCHEON, ROBERT
STREET ADDRESS 3943 BLUEWATER DR
CITY-ST-ZIP HERNANDO FL 34442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Sec.
NAME MCCUTCHEON RICHARD
STREET ADDRESS 2655 WILSON DR.
CITY-ST-ZIP INVERNESS FL 34453

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

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: Robert McCutcheon Robert McCutcheon 4/10/04 (352)344-8579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #