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May 02, 2005 8:00 am
Secretary of State

05-02-2005 90449 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145322

1. Entity Name
BAY AREA MOBILE HOME SPECIALISTS, INC.

40071106

04192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8872 MANGOLIA DR. LARGO, FL 33777	8872 MANGOLIA DR. LARGO, FL 33777

2. Principal Place of Business	3. Mailing Address
8872 Magnolia Dr	8872 Magnolia Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Fl	City & State: Largo, Fl
Zip: 33777 Country: Pinellas	Zip: 33777 Country: Pinellas

4. FEI Number: 38-3693873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLING, TED J
8872 MANGOLIA DR.
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name: Bergling Ted J.
Street Address (P.O. Box Number is Not Acceptable): 8872 Magnolia Dr.
City: Largo FL Zip Code: 33777

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: Ted Bergling — 4-19-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLING, TED J 8872 MANGOLIA DR. LARGO, FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bergling Ted J 8872 Magnolia Dr Largo, Fl 33777	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ted Bergling — 4-19-05 — 727-399-8847
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #