

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000154927 1. Entity Name R J MOBILE HOME SERVICE, INC.	
--	---

Principal Place of Business 4540 COUNTRY TRAILS DR POLK CITY, FL 33868	Mailing Address 4540 COUNTRY TRAILS DR POLK CITY, FL 33868
--	--

**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

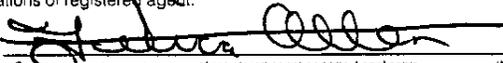
4. FEI Number 83-0378397	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ALLEN, FELICIA 4540 COUNTRY TRAILS DR POLK CITY, FL 33868
--

**DO NOT WRITE IN THIS SPACE**

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:  FA	DATE: 4-20-07
---	---------------

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

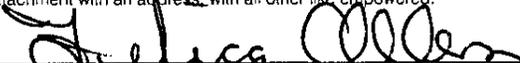
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, RANDY 4540 COUNTRY TRAILS DR POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, FELICIA 4540 COUNTRY TRAILS DR POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000732455  
 05/09/07-80046-017 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE: 4-20-07	DAYTIME PHONE #
--	---------------	-----------------