


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90020 003 ***158.75

DOCUMENT # P04000002170	
1. Entity Name HOLSOMBACK MOBILE HOME SERVICE, INC.	

Principal Place of Business 11931 MCGREGOR BLVD FT MYERS, FL 33919	Mailing Address 11931 MCGREGOR BLVD FT MYERS, FL 33919
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-121169	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HOLSOMBACK, SHARON 11931 MCGREGOR BLVD FT MYERS, FL 33919	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HOLSOMBACK, WILLIS
STREET ADDRESS	11931 MCGREGOR BLVD
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	V <input type="checkbox"/> Delete
NAME	HOLSOMBACK, MICHAEL
STREET ADDRESS	11931 MCGREGOR BLVD
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	S <input type="checkbox"/> Delete
NAME	HOLSOMBACK, SHARON
STREET ADDRESS	11931 MCGREGOR BLVD
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Sharon Holsomback **SHARON HOLSOMBACK** 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

239-482-8889
239-482-1035