

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Jan 17, 2006 08:00 AM
Secretary of State



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1211169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLSOMBACK, SHARON
11931 MCGREGOR BLVD
FT MYERS, FL 33919

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOLSOMBACK, WILLIS
11931 MCGREGOR BLVD
FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOLSOMBACK, MICHAEL
11931 MCGREGOR BLVD
FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HOLSOMBACK, SHARON
11931 MCGREGOR BLVD
FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000386770
01/19/06-80012-014 158.75

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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:

Sharon Holsomback
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON HOLSOMBACK

1-13-06 234-488-103
Date Daytime Phone #