

FILED
Feb 11, 2008 08:00 AM
Secretary of State

1. Entity Name
HOLSOMBACK MOBILE HOME SERVICE, INC.



Mailing Address
11931 MCGREGOR BLVD
FT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

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)

000000DATE

02714/02-80041-024 158.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	P
NAME	HOLSOMBACK, WILLIS
STREET ADDRESS	11931 MCGREGOR BLVD
CITY-ST-ZIP	FT MYERS, FL 33919

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

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

TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Draw

Davina Phone: