2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002170

City-St-Zip:

FT MYERS, FL 33919

Entity Name: HOLSOMBACK MOBILE HOME SERVICE, INC.

FILED Jan 26, 2009 Secretary of State

Current P	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
	GREGOR BLV S, FL 33919	'D			
Current Mailing Address:			New Mailing Address:		
	GREGOR BLV S, FL 33919	'D			
FEI Number	r: 65-1211169	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
11931 MC	BACK, SHARC GREGOR BLV S, FL 33919				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HOLSOMBACK 11931 MCGRE FT MYERS, FL	GOR BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HOLSOMBACK 11931 MCGRE FT MYERS, FL	GOR BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (HOLSOMBACK 11931 MCGRE	•	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHARON HOLSOMBACK S 01/26/2009