2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 05, 2005
Secretary of State

DOCUMENT# P04000005783

Entity Name: GARY'S MOBILE HOME AND HOME REPAIR, INC.

Current Principal Place of Business:

P.O. BOX 1268
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1268
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3424297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, GARY W
1114 SW TIMMY LN
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: WILSON, GARY W PRES
Address: 1114 SW TIMMY LANE
City-St-Zip: LAKE CITY, FL 32055

Title: MRS ( ) Delete
Name: WILSON, MARY S VP
Address: 1114 SW TIMMY LANE
City-St-Zip: LAKE CITY, FL 32055

Title: MR. ( ) Delete
Name: CABRERA, TIMOTHY F OFC
Address: P.O. BOX 7135
City-St-Zip: LAKE CITY, FL 32055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR. ( ) Change (X) Addition
Name: WILSON, DAVID A OFC
Address: 187 SW PEACH GLEN
City-St-Zip: HIGH SPRING, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GRAY W WILSON MR. 12/05/2005

Electronic Signature of Signing Officer or Director Date