

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006545

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: KAI'S MOBILE HOME MOVING & SET UP, INC.

## Current Principal Place of Business:

1220 RIFLE RANGE RD.  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

4135 COTTAGE HILL ST  
LAKE WALES, FL 33859

## Current Mailing Address:

PO BOX 584  
EAGLE LAKE, FL 33839

## New Mailing Address:

FEI Number: 80-0091952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCALL, TRINITY K  
1220 RIFLE RANGE RD.  
WINTER HAVEN, FL 33880      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCALL, TRINITY K  
Address: 1220 RIFLE RANGE RD.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP ( ) Delete  
Name: MCCALL, JOSEPH L  
Address: 1220 RIFLE RANGE RD.  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCALL, TRINITY K  
Address: 4135 COTTAGE HILL ST  
City-St-Zip: LAKE WALES, FL 33859

Title: VP (X) Change ( ) Addition  
Name: MCCALL, KRISSY M  
Address: 4135 COTTAGE HILL ST  
City-St-Zip: LAKE WALES, FL 33859

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: KRISSY M MCCALL

VP

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date