

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006545

FILED
Jul 30, 2007
Secretary of State

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

Current Principal Place of Business:

4135 COTTAGE HILL ST
LAKE WALES, FL 33859

New Principal Place of Business:

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:

MCCALL, TRINITY K
4135 COTTAGE HILL STREET
LAKE WALES, FL 33859 US

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: TRINITY K MCCALL

07/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: SECR () Delete
Name: MCCALL, BOBBIE
Address: 2754 MASTERPIECE RD
City-St-Zip: LAKE WALES, FL 33898

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:

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.

SIGNATURE: KRISSY M MCCALL

VP

07/30/2007

Electronic Signature of Signing Officer or Director

Date