2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 16, 2007 8:00 am
Secretary of State
02-27-2007 90008 003 ***150.00

DOCUMENT # P04000021511

1. Entity Name
PERRY STEVENS MOBILE HOME SETUP INC.

Principal Place of Business	Mailing Address
2767 NE 164TH PL CITRA FL 32113	P O BOX 339 REDDICK FL 32686

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2767 NE 164 Pl	P.O. Box 339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Citra, FLA	City & State: Reddick, FLA
Zip: 32113 Country: MARION	Zip: 32686 Country: MARION

4. FEI Number 05-0596109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, PERRY 2767 NE 164 TH PL CITRA FL 32113	Name: Perry Stevens Street Address (P.O. Box Number is Not Acceptable) 2767 NE 164TH PL City: Citra FL Zip Code: 32113

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. Perry Stevens

SIGNATURE: Perry Stevens Perry Stevens 3-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Personal Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, PERRY L P 2767 NE 164TH PL CITRA FL 32113	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Perry Stevens President 2-20-07 3528124401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #