


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000031246</b>                                  |  |
| 1. Entity Name<br><b>SPECIALIZED MOBILE HOME SERVICES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>845 WEST LAKE WALES ROAD NORTH<br/>LAKE WALES, FL 33859</b> | Mailing Address<br><b>845 WEST LAKE WALES ROAD NORTH<br/>LAKE WALES, FL 33859</b> |
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01152007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>06-1716928</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>GRIFFIN, STEVEN C<br/>845 WEST LAKE WALES ROAD NORTH<br/>LAKE WALES, FL 33859</b> |
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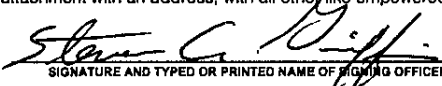
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|---|--|------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

|   |   |                                    |
|---|---|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>GRIFFIN, STEVEN C<br/>845 WEST LAKE WALES ROAD NORTH<br/>LAKE WALES, FL 33859</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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|--|---------------------|--------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                     |                                |
| <b>SIGNATURE:</b>   | <b>4-25-07</b>      | <b>863 287-6866</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>   | <small>Date</small> | <small>Daytime Phone #</small> |