


FILED
Jun 20, 2008 8:00 am
Secretary of State

05-02-2008 90118 013 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000031246		
1. Entity Name SPECIALIZED MOBILE HOME SERVICES, INC.		
Principal Place of Business 845 WEST LAKE WALES ROAD NORTH LAKE WALES, FL 33859	Mailing Address 845 WEST LAKE WALES ROAD NORTH LAKE WALES, FL 33859	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRIFFIN, STEVEN C 845 WEST LAKE WALES ROAD NORTH LAKE WALES, FL 33859		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRIFFIN, STEVEN C 845 WEST LAKE WALES ROAD NORTH LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>Steven C. Griffin</u> STEVEN C. GRIFFIN 6/18/08 8636763371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66014515



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1716928

Applied For

Not Applicable

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