

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 030 ***150.00

50025721



DOCUMENT # P05000017850 1. Entity Name D-N-R UNIQUE MOBILE HOME SERVICE INC.					
Principal Place of Business 8A HOLIDAY DRIVE LAKE WORTH, FL 33461			Mailing Address 8A HOLIDAY DRIVE LAKE WORTH, FL 33461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 56-2499534			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONGER, DOROTHY 8A HOLIDAY DRIVE LAKE WORTH, FL 33461				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CONGER, RICKY SR. 8A HOLIDAY DRIVE LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONGER, DOROTHY 8A HOLIDAY DRIVE LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			8/15/06 561-282-8447 <small>Date Daytime Phone #</small>		

ATTACHMENT 50025721

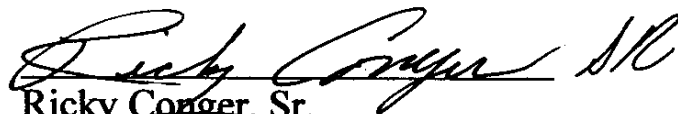
#P05000017850


**D-n-R Unique Mobile Home Service, Inc.
8A Holiday Dr.
Lake Worth, Florida
33461**

To Whom It May Concern:

We did not receive an Annual Report / Reinstatement application form. We didn't know when to renew the Corporations papers. We found the address on the internet and took a chance and sent the check for \$150.00, to make sure we did not loose our Corporation. If we still owe the late fee please let us know.

THANK YOU


Ricky Conger, Sr.


Dorothy Conger

Letter # 106A00049805