2006 FOR PROFIT CORPORATION

NAME

STREET ADDRESS

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000040030 05-08-2006 90283 030 ***150.00 1. Entity Name S & R MOBILE HOME REPAIR INC. Principal Place of Business Mailing Address -1800-S: ORLANDO-AVENUE 1800 S. ORLANDO AVENUE #16 COCOA BEACH, FL -32931 COCOA BEACH, FL 32931 2. Principal Place of Business 3. Mailing Address 841 Trailwood Ave, Suite, Apt. #, etc. 841 Trailwood Ave. Suite, Apt. #, etc. 04242006 Cha-P CR2E034 (11/05) Titusville 1-4. FEI Number Applied For 80-0127889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICKS Shay Street Address (P.O. Box Number is Not Acceptable) RICKS, SHAY 1800 S. ORLANDO AVENUE COCOA BEACH, FL 32931 Trailwood Ave. City Titus ville FL 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. SHAY RICKS President ont and title if applicable. (NOTE: Registered Agent signature required when reinstating) SIGNATURE 4 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change D. Ricks, Shay 841 Trailwood Ave. Titusville, FL 32796 RICKS: SHAY NAME NAME STREET ADDRESS 1800 S. ORLANDO AVENUE #16 STREET ADDRESS COCOA BEACH, FL-32931 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete

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12. I hereby certify that the information supplied with this filling 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 cath; 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. SHAY RICKS PARSIDENT 4/28/06
NE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

NAME STREET ADDRESS