

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164056

FILED
Feb 02, 2006
Secretary of State

Entity Name: S&A MOBILE RV REPAIR SERVICE INC.

Current Principal Place of Business:

9649 XENIA ST.
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

9649 XENIA ST.
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 20-4025224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIS, SAMUEL G
Address: 9649 XENIA ST.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: ELLIS, SAMUEL G
Address: 9649 XENIA ST.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Change (X) Addition
Name: ELLIS, SAMUEL G
Address: 9649 XENIA ST.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP () Change (X) Addition
Name: CHUDEREWICZ, ALAN
Address: 15529 ALLMAND DR.
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL G. ELLIS

P

02/02/2006

Electronic Signature of Signing Officer or Director

Date