

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000060242

1. Entity Name
E-Z LIVIN' RV CENTER, INC.



Principal Place of Business
**8225 AREVEE DRIVE
NEW PORT RICHEY, FL 34653**

Mailing Address
**8225 AREVEE DRIVE
NEW PORT RICHEY, FL 34653**



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3188881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONOVAN, KENNETH K
8225 AREVEE DR
NEW PORT RICHEY, FL 34653**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000351256
05/02/05-80137-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONOVAN, JAMES H
STREET ADDRESS	11015 HIDDEN TREASURE CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	DONOVAN, KENNETH K JR
STREET ADDRESS	8822 WHISPERING OAKS TR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	PERRY, GEORGIANN D
STREET ADDRESS	3310 SAN JOSE ST
CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Georgiann Donovan Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/28/05