

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 004 ***150.00

DOCUMENT # P93000060242

1. Entity Name

E-Z LIVIN' RV CENTER, INC.



Principal Place of Business

3310 SAN JOSE ST
CLEARWATER, FL 33759

Mailing Address

3310 SAN JOSE ST
CLEARWATER, FL 33759

40089973



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3188881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRY, GEORGIANN D
3310 SAN JOSE ST
CLEARWATER, FL 33759

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 34695

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/21/08