


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000942	
1. Entity Name RAWHIDE MOBILE HOME SET-UP, INC.	

Principal Place of Business 13150 NE 59TH PL. SILVER SPRINGS, FL 34488	Mailing Address P.O. BOX 1182 SILVER SPRINGS, FL 34489-1182
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01302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3215319	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILFORD, SIMS 13150 NE 59TH PL SILVER SPRINGS, FL 34488

**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 MILFORD SIMS - pres **DATE** 1/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, STEPHEN L 13150 NE 59TH PL SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS, MILFORD 13150 NE 59TH PL SILVER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UN0000208271
02/01/05-80078-019 150.00
UN0000208271
02/01/05-80078-020 8.75

**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)(f), 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: MILFORD SIMS **DATE** 1/31/05 **Daytime Phone #** 352-625-6593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR