


**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000049763</b>		
1. Entity Name <b>K&amp;J MOBILE HOME SUPPLY AND DISTRIBUTORS, INC.</b>		
Principal Place of Business <b>1820 SOUTH COMBEE ROAD LAKELAND, FL 33801</b>		Mailing Address <b>1820 SOUTH COMBEE ROAD LAKELAND, FL 33801</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DOWNING, JAMES A 6817 DOEHRING DR. LAKELAND, FL 33810</b>		02242005    No Chg-P    CR2E034 (10/03)  4. FEI Number <b>59-3192445</b> <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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.		<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;">DATE _____</span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DOWNING, JAMES A 6817 DOEHRING DR. LAKELAND, FL 33810</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>DOWNING, KATHLEEN M 6817 DOEHRING DR. LAKELAND, FL 33810</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>James A. Downing</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>3-17-05</b></u> Daytime Phone # <u><b>863-667-3335</b></u>