

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016151

FILED
Apr 03, 2008
Secretary of State

Entity Name: MOBILE SERVICE INDUSTRIES INC.

Current Principal Place of Business:

2226 JERNIGAN RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47846
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-3364724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES A
1083 THREE FORKS COURT
SAINT AUGUSTINE, FL 32092 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: PTSD () Delete
Name: BOYLE, JAMES A
Address: 1083 THREE FORKS COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: V () Delete
Name: NEFF, BRETT
Address: 4401 CAROLYN LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A. BOYLE

_____ Electronic Signature of Signing Officer or Director

PTSD

04/03/2008

_____ Date