

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104656

Entity Name: A & J MOBILE HOME SERVICE, INC.

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

6220 LITTLE BITS TRAIL
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

6220 LITTLE BITS TRAIL
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-3481931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, JAMES H
6220 LITTLE BITS TR
MILTON, FL 32583 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LOWE, JAMES H
Address: 6220 LITTLE BITS TR
City-St-Zip: MILTON, FL 32583

Title: DVS () Delete
Name: LOWE, BARBARA A
Address: 6220 LITTLE BITS TR
City-St-Zip: MILTON, FL 32583

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: BARBARA LOWE

SEC

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date