

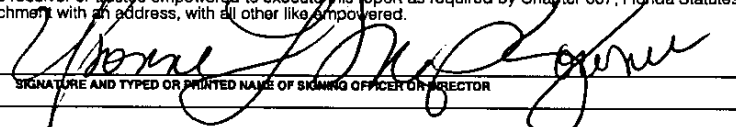


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90301 032 ***150.00

DOCUMENT # P98000073058 1. Entity Name JACKSONVILLE R.V. SERVICE CENTER, INC.					
Principal Place of Business 2203 HAMILTON ST BLDG #3 JACKSONVILLE, FL 32210-4226 US			Mailing Address 2203 HAMILTON ST BLDG #3 JACKSONVILLE, FL 32210-4226 US		
2. Principal Place of Business 6723 BLANDING BLVD Suite, Apt. #, etc.		3. Mailing Address 6723 BLANDING BLVD Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">H0068519</div> 	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3529349	
Zip 32244		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, YVONNE L 2203 HAMILTON ST BLDG #3 JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6723 BLANDING BLVD City JACKSONVILLE FL Zip Code 32244	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME MURPHY, YVONNE L STREET ADDRESS 2203 HAMILTON ST #3 CITY-ST-ZIP JACKSONVILLE, FL 322104226			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MURPHY, YVONNE L STREET ADDRESS 6723 BLANDING BLVD CITY-ST-ZIP JACKSONVILLE FL 32244		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  4-26-05 388-0009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					