

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 009 ***150.00

DOCUMENT # P99000008774

1. Entity Name
CARL'S MOBILE HOME SERVICE, INC.



Principal Place of Business
**6331 FORRESTER DR
BRADENTON, FL 34202**

Mailing Address
**6331 FORRESTER DR
BRADENTON, FL 34202**

40104334

2. Principal Place of Business - No P.O. Box #
6331 95th St E

3. Mailing Address
6331 95th St E

Suite, Apt. #, etc.



02012008 Chg-P CR2E034 (12/06)

City & State
BRADENTON, FL

Zip
34202

Country

4. FEI Number
65-0894615

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LINZY, ELIZABETH G
6331 FORRESTER DR
BRADENTON, FL 34202**

7. Name and Address of New Registered Agent
Name
LINZY, ELIZABETH G
Street Address (P.O. Box Number is Not Acceptable)
6331 95th St E
City
BRADENTON FL Zip Code
34202

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 *Elizabeth Linzy* **2-1-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINZY, PAUL 6331 95TH ST E BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINZY, ELIZABETH 6331 95TH ST E BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Elizabeth Linzy* **2-1-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #