2005 FOR PROFIT CORPORATION

FILED Feb 07, 2005 8:00 am Secretary of State

772.229.2499

Daytime Phone #

2-2-05

ANNUAL REPORT

02-07-2005 90051 006 ***150 00 DOCUMENT # S87921 1. Entity Name SHORELINE RV & MOBILE HOME REPAIR, INC. Principal Place of Business Mailing Address 40013338 POST OFFICE BOX 1228 POST OFFICE BOX 1228 JENSEN BEACH, FL 34958-1228 JENSEN BEACH, FL 34958-1228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 CR2E034 (10/03) City & State City & State Applied For 4 FELNumber 65-0292528 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, RICHARD F. 10967 SOUTH OCEAN DRIVE Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH, FL. 34957 City Zip Code 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. 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME MURRAY, RICHARD F. NAME STREET ADDRESS POST OFFICE BOX 1228 N/A STREET ADDRESS CITY-S1-ZIP JENSEN BEACH, FL 349581228 CITY-ST-ZIP INLE ☐ Delete ☐ Change ■ Addition MURRAY, BRANDI L NAME NAME STREET ADDRESS 2653 NE SPRUCE RIDGE AVE. STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP HILE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-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 charged, or on an attachment with an address, with all other like empowered.

2005 FOR PROFIT CORPORATION ATTACHMENT

	ANNUA	. REPORT			• •					
	MENT(# S87921									
1. Entity Name SHORELINE RV & MOBILE HOME REPAIR, INC.										
Principal Place of Business Mailing Address POST OFFICE BOX 1228 POST OFFICE BOX 1228 JENSEN BEACH, FL 34958-1228 JENSEN BEACH, FL 34958-1				40	40013338					
SCHOOL BEA	UI, 1E 34330-1220	JENSEN DERCH, IC 3	1530-1220							
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005	Chg-P	CR2E034	(10/03)			
City & State		City & State		4. FEI Number 65-0292	528	Applied For Not Applicable				
Zip	Country ·	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent -	Name	_7. Name and A	ddress of New F	tegistered Age	ent			
	RICHARD F.									
10967 SOUTH OCEAN DRIVE JENSEN BEACH, FL 34957				Street Address (P.O. Box Number is Not Acceptable)						
			City	City FL Zip Code						
	named entity submits this statement for	or the purpose of changing its	registered office or reg	gistered agent, or both,	in the State of Fk		niliar with,	and accept		
_	ions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signature re	equired when reinstating)		DATE				
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DI	RECTORS			
?ITLE NAME	PD MURRAY, RICHARD F.	☐ Delete	TITLE NAME] Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 1228 N/A JENSEN BEACH, FL 34958122	R	STREET ADDRESS CITY-ST-ZIP							
TITLE	S S SENDEN BEACH, FL 34936122	Defele	TITLE		. <u>.</u> .			Addition		
NAME STREET ADDRESS	MURRAY, BRANDI L 2653 NE SPRUCE RIDGE AVE.		NAME STREET ADDRESS							
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE] Change	Addition		
STREET ADDRESS CITY-ST-ZIP			NAME STREET AUDRESS- CITY-ST-ZIP		,					
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NAME STREET ADDRESS			NAME STREET ADDRESS							
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NAME STREET ADDRESS			NAME				Ÿ			
CITY-ST-ZIP			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.										
SIGNAT	URE: Richard	7. mun	my Pres.	2-2-	,5	772.22		રવ		
		PRINTED NAME OF SIGNING OFFICER	OR CHESCTOR	···,	Date		me Phone #	\		

ATTACHMENT

2-2-05

772-229-2499

	ANNUA	L REPORT	4110						
DOCUMENT # S87921 1. Entity Name SHORELINE RV & MOBILE-HOME REPAIR, INC.					40013338				
Principal Plac	e of Business	Mailing Address			1 ,	4001	32 S	0	
POST OFFICE JENSEN BEA	BOX 1228 CH, FL 34958-1228	POST OFFICE BOX 1228 Jensen Beach, FL 34958-1228				,			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172005	Chg-P	CR2E034	(10/03)	
City & Stat		City & State							oplied For ot Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	Registered Agent	-	Name	7. Name and	Address of New	Registered Age	ent .	· - <u> </u>
	MURRAY, RICHARD F. 10967 SOUTH OCEAN DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
	BEACH, FL 34957				S (1 G. Box Names to test secondary)				
				City		.		Zip Cod	
- T	named entity submits this statement f					1 D 1 D	FL	·	
	Signature, typed or printed name of registered ages E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp	paign Finar		d when reinstating) -00 May Be led to Fees		DATE		
10. INLE	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF		IRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MURRAY, RICHARD F. POST OFFICE BOX 1228 N/A JENSEN BEACH, FL 34958122	☐ Delete			•) Change	Auditori
TILE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, BRANDI L 2653 NE SPRUCE RIDGE AVE JENSEN BEACH, FL 34957	☐ Delete		i] Change	Addition
TITLE NAME		☐ Delete	TITU	I			ב] Change	☐ Addition
STREET ADDRESS*			STRE	ET ADDRESS:	-				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1) Change	Addition
INTLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Defete		I			E] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	☐ Addition
of the co	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	powered to execute this repo	as requi	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)(i) same legal effect 7, Florida Statutes	, Florida Statutes as if made under a; and that my nar	. I further certify roath; that I am ne appears in В	that the ir an officer lock 10 o	nformation or director r Block 11 if