

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT #L87688 1. Entity Name DOBSON THE MOVER, INC.	
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Principal Place of Business 266 GROVE ST., S. VENICE, FL 34292 US	Mailing Address 266 GROVE ST., S. VENICE, FL 34292 US
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3019279	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOBSON-SCHRUMPF, JAMI E 266 GROVE STREET VENICE, FL 34292	DO NOT WRITE IN THIS SPACE
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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 registering) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000169627 08/09/04-80004-013 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JAMI E. DOBSON-SCHRUMPF 266 GROVE ST. VENICE, FL 34292
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IN THIS SPACE**

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: Jami E. Dobson-Schrumpf **Jami Dobson-Schrumpf** 8-4-04 816 866 8984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #