

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 029 ***158.75

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1. Entity Name
ALL MY SONS MOVING & STORAGE OF TAMPA, INC.



Principal Place of Business
**472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009**

Mailing Address
**472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2104461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, BETTY
472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, BETTY
STREET ADDRESS 472 HOLIDAY DRIVE
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE VP
NAME ALAIMO, ROSARIO
STREET ADDRESS 100 GOLDEN ISLES DRIVE APT 110
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
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CITY-ST-ZIP

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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: Betty Peterson Pres. 4/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #