

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047182

**FILED**  
**Jan 28, 2005**  
**Secretary of State**

**Entity Name:** AMERICAN SAFETY MOVERS, INC.

**Current Principal Place of Business:**

106 STOCKTON ST.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

106 STOCKTON ST.  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 74-3088825

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

COLEMAN, DOUGLAS  
106 STOCKTON ST.  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution** ( ).

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** COLEMAN, DALE B  
**Address:** 100 PIEDMONT COURT SUITE G  
**City-St-Zip:** DORAVILLE, GA 30340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE B. COLEMAN

PRES

01/28/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date