

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047182

FILED  
Apr 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

216 DRUID STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

216 DRUID STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 74-3088825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COLEMAN, PATRICK B  
216 DRUID STREET  
JACKSONVILLE, FL 32254 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLEMAN, MELANIE S  
Address: 216 DRUID STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD  
Name: COLEMAN, PATRICK B  
Address: 216 DRUID STREET  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby 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 all other like empowered.

SIGNATURE: PATRICK B. COLEMAN

VD

04/07/2011

Electronic Signature of Signing Officer or Director

Date