

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058456

FILED  
Jul 21, 2006  
Secretary of State

Entity Name: HOME SWEET HOME MOVING & MORE, INC.

**Current Principal Place of Business:**

2729 BRIARPATCH DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

2209 CORNELL DRIVE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

2729 BRIARPATCH DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

2209 CORNELL DRIVE  
RIVERVIEW, FL 33569

FEI Number: 34-1986579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, DAVID S  
13747 US HWY 92 EAST  
DOVER, FL 33527 US

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

DAVIS, DAVID S  
2209 CORNELL DRIVE  
RIVERVIEW, FL 33569 US

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: DAVID S. DAVIS

07/21/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, DAVID S  
Address: 13747 U.S. HWY 92,E  
City-St-Zip: DOVER, FL 33527

Title: S/T ( ) Delete  
Name: DAVIS, MELODIE L  
Address: 13747 U.S. HWY 92,E  
City-St-Zip: DOVER, FL 33527

Title: VP ( ) Delete  
Name: KOCH, PAIGE  
Address: 2729 BRIARPATCH DRIVE  
City-St-Zip: VALRICO, FL 33594

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

Title: P (X) Change ( ) Addition  
Name: DAVIS, DAVID S  
Address: 2209 CORNELL DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: S/T (X) Change ( ) Addition  
Name: DAVIS, MELODIE L  
Address: 2209 CORNELL DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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 Chapter 119, 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: MELODIE L. DAVIS

S/T

07/21/2006

Electronic Signature of Signing Officer or Director

Date