

APPROVAL
AND
FILED
06-15-2005 90093 031 ***150.00
P04000092495


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

05 JUL 20 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Handwritten mark)

DOCUMENT # P04000092495
1. Entity Name
LORD'S QUICK & CHEAP MOVING, INC.



Principal Place of Business Mailing Address
5850 SOUTH MILITARY TRAIL 5850 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 LAKE WORTH, FL 33463

2. Principal Place of Business 3. Mailing Address
12375 S MILITARY TRAIL 12375 S MILITARY TRAIL
Suite, Apt. #, etc. Suite, Apt. #, etc.
LOT 105 LOT 105

City & State City & State
BOYNTON BEACH FL BOYNTON BEACH FL
Zip Zip
33436 33436 Country Country



05232005 Chg-P CR2E034 (10/03)

4. FEI Number 33-1094118 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, JACK
12375 SOUTH MILITARY TRAIL
LOT 105
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JACK...	NAME	
STREET ADDRESS	12375 SOUTH MILITARY TRAIL, LOT 105	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33436	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: *(Signature)* Date: 6/7 561-734-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR