


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000107927 1. Entity Name A-1 SUN MOVERS, INC.														
Principal Place of Business 651 SEAVIEW AVENUE BOYNTON BEACH FL 33435			Mailing Address 651 SEAVIEW AVENUE BOYNTON BEACH FL 33435											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.											
City & State			City & State											
Zip		Country		Zip										
Country		Country		4. FEI Number 57-1191123										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable										
6. Name and Address of Current Registered Agent LITERSKY, WILLIAM N 651 SEAVIEW AVENUE BOYNTON BEACH FL 33435				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____														
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>											
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LITERSKY, WILLIAM N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>651 SEAVIEW AVENUE BOYNTON BEACH FL 33435</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	LITERSKY, WILLIAM N		CITY-ST-ZIP	651 SEAVIEW AVENUE BOYNTON BEACH FL 33435	
TITLE	NAME	Delete <input type="checkbox"/>												
STREET ADDRESS	LITERSKY, WILLIAM N													
CITY-ST-ZIP	651 SEAVIEW AVENUE BOYNTON BEACH FL 33435													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			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.		
TITLE	NAME	Delete <input type="checkbox"/>												
STREET ADDRESS														
CITY-ST-ZIP														
SIGNATURE: <i>William N. Litersky</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/29/05 Daytime Phone #: 561-272 4635											

