

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000047182

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

**Current Principal Place of Business:**

216 DRUID STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

216 DRUID STREET  
JACKSONVILLE, FL 32254 US

**FEI Number:** 74-3088825

**Certificate of Status Desired:** No

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

COLEMAN, PATRICK B  
216 DRUID STREET  
JACKSONVILLE, FL 32254 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            PDC  
Name            COLEMAN, MELANIE S.  
Address        216 DRUID STREET  
City-State-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 COLEMAN

**PRESIDENT**

**02/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date