## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 117755** 

FILED Apr 19, 2004 Secretary of State

ntity Na	me: FOGART	Y VAN LINES, INC.		
current Principal Place of Business:		New Principal Place of Business:		
	MBERLAND AV FL 33602	Æ.		
urrent Mailing Address:		New Mailing Address:		
	MBERLAND AV FL 33602	Æ.		
El Number	r: 59-0249330	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
511 BAY UITE 70:	Y, JERRY E. SHORE BLVD 3 FL 33609 US			
ne ahove				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both,  Date
the Stat GNATU	e of Florida.  RE: Electror			
the Stat	e of Florida.  RE: Electror	nic Signature of Registered Agg	ent	
the Stat GNATU ection Ca FFICER elle: ame: ldress:	e of Florida.  RE: Electror  Impaign Financing  S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution ( ). TORS: ) Delete RRY E.,	ent	Date
the Stat	Electror Electror  MRE: Electror  Manager Financing  S AND DIREC  DV FOGARTY, JEF 2611 BAYSHOI  TAMPA, FL	nic Signature of Registered Agr g Trust Fund Contribution ( ). TORS: ) Delete RRY E., RE BLVD #703 ) Delete JERRY E., TH STREET	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOWEN, STEVEN C. 04/19/2004 ST