

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 472576

1. Entity Name
J & B MOVERS AND STORAGE, INC.



Principal Place of Business

1600 SO POWERLINE RD
DEERFIELD BEACH, FL 33442 US

Mailing Address

1600 SO. POWERLINE RD
DEERFIELD BEACH, FL 33442 US

FILED

04 JUN 10 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1582126

Applied For
Not Applicable

5. Certificate of Status Desired - ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EHRlich, BARBARA
7710 SALEM LANE
PARKLAND, FL 33067

DO NOT WRITE
IN THIS SPACE

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

Barbara Ehrlich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-9-04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
EHRlich, BARBARA
7710 SALEM LANE
PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100038354681
06/28/04--01059--030 **558.75

DO NOT WRITE
IN THIS SPACE

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 persons empowered.

SIGNATURE:

Barbara Ehrlich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-04

Date

954-
570-3600

Daytime Phone #