

2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90034-049-S158.75-S158.75

FILED

06 SEP 25 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001649

1. Entity Name
TOTALMOVE REAL ESTATE, INC.



Principal Place of Business
ONE GREENWICH PLACE
SHELTON, CT 06484

Mailing Address
ONE GREENWICH PLACE
SHELTON, CT 06484



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1660549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUCKTHORPE, KEVIN ONE GREENWICH PLACE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD WOLK, HOWARD 4040 MYSTIC VALLEY PKWY MEDFORD, MA 02155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HASTINGS, RAYMOND 3 BIG SHOP LANE RIDGEFIELD, CT 06877
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OPOKA, JOSEPH 239 N MILL RD #415 ADDISON, IL 60101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAHAM, TOM 4040 MYSTIC VALLEY PKWY MEDFORD, MA 02155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/06 203-513-3011
Date Daytime Phone #

K. Eckel SEP 26 2006