2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# G04234

Entity Name: SENTINEL MOVERS, INC.

Current Principal Place of Business:

3620 NORTH
PENSACOLA, FL 32505

New Principal Place of Business:

3620 N. M STREET
PENSACOLA, FL 32505

Current Mailing Address:

3620 NORTH
P.O. BOX 4098
PENSACOLA, FL 32505

New Mailing Address:

P.O. BOX 4098
3620 N. M STREET
PENSACOLA, FL 32507

FEI Number: 59-2249856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUAL, LEE T.
3620 NORTH
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

HUAL, LEE T.
3620 N. M STREET
PENSACOLA, FL 32505 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: 02/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUAL, LEMOYNE T
Address: 3620 NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: ST ( ) Delete
Name: HUAL, DONNA Y
Address: 10714 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HUAL, LEMOYNE T
Address: 3620 NORTH M STREET
City-St-Zip: PENSACOLA, FL 32505

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEMOYNE T. HUAL PD 02/25/2009
Electronic Signature of Signing Officer or Director — Date