

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM -
Secretary of State

DOCUMENT # H49856 1. Entity Name VISION MOVING SYSTEMS OF JACKSONVILLE, INC.	
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Principal Place of Business 6740 BROADWAY AVE. H JACKSONVILLE, FL 32254 US	Mailing Address 6740 BROADWAY AVE. H JACKSONVILLE, FL 32254 US
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03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2518708	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 SEIBERT, THOMAS G. 6740 BROADWAY AVE. STE H JACKSONVILLE, FL 32254
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**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.

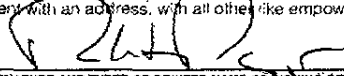
SIGNATURE _____
Signature typed or printed name of registered agent and checked applicable. (NOTE: Registered Agent signature required when relationship changes.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000102245 04/05/04-80007-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P SEIBERT, THOMAS G. 1125 ELRIDGE ST. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP PAPUGA, ROBERT 6740 BROADWAY AVE., STE H JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S ALLEN, STEVE 6740 BROADWAY AVE., STE H JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**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 like empowered.

SIGNATURE:  **4/1/04** **904 586 7204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone