


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H79045</b> 1. Entity Name <b>AMERICAN MOVE SYSTEMS, INC.</b>	
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Principal Place of Business <b>C/O WILMA J. SHELLEY, P.O. BOX 2317 113 HOLLYWOOD BOULEVARD FT. WALTON BEACH, FL 32548</b>	Mailing Address <b>113 HOLLYWOOD BLVD. N.W. P.O. BOX 2317 FT. WALTON BEACH, FL 32549 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SHELLEY, WILMA J. 113 HOLLYWOOD BOULEVARD FT. WALTON BEACH, FL 32548</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, WILMA J. 259 SLEEPY OAKS RD. FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLIMETZ, DIANE A. 201 WILLARD RD. FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELLEY, EULICE E 259 SLEEPY OAKS RD FORT WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
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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:** Wilma J. Shelley **Wilma J. Shelley** 2/08/05 (850) 243-2083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #