

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79045

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: AMERICAN MOVE SYSTEMS, INC.

## Current Principal Place of Business:

C/O WILMA J. SHELLEY, P.O. BOX 2317  
113 HOLLYWOOD BOULEVARD  
FT. WALTON BEACH, FL 32548

## New Principal Place of Business:

113 HOLLYWOOD BLVD NW  
FT. WALTON BEACH, FL 32548

## Current Mailing Address:

113 HOLLYWOOD BLVD. N.W.  
P.O. BOX 2317  
FT. WALTON BEACH, FL 32549 US

## New Mailing Address:

P O BOX 2317  
FT. WALTON BEACH, FL 32549 US

FEI Number: 59-2592404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELLEY, WILMA J.  
113 HOLLYWOOD BOULEVARD  
FT. WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

SHELLEY, WILMA J.  
113 HOLLYWOOD BLVD NW  
FT. WALTON BEACH, FL 32548 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: WILMA J SHELLEY

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHELLEY, WILMA J.,  
Address: 259 SLEEPY OAKS RD.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST ( ) Delete  
Name: KLIMETZ, DIANE A.,  
Address: 201 WILLARD RD.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD ( ) Delete  
Name: SHELLEY, EULICE E  
Address: 259 SLEEPY OAKS RD  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHELLEY, WILMA J  
Address: 259 SLEEPY OAKS RD.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST (X) Change ( ) Addition  
Name: KLIMETZ, DIANE A  
Address: 201 WILLARD RD.  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: WILMA J SHELLEY

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date