


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # J22852			
1. Entity Name SPIRIT MOVERS, INC.			
Principal Place of Business 2340 TRAILMATE DR SARASOTA FL 34243 US		Mailing Address 2340 TRAILMATE DR SARASOTA FL 34243 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  JOHNSON, MICHAEL 2340 TRAILMATE DRIVE SARASOTA FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstalling)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		\$150.00 CK 36309 1-31-07	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP JOHNSON, MICHAEL L 406 68TH COURT NW BRADENTON FL	TITLE NAME STREET ADDRESS CITY ST ZIP	000000618813 02/08/07-80045-014-150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, SHARON A 406 68TH COURT NW BRADENTON FL	TITLE NAME STREET ADDRESS CITY ST ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.			
SIGNATURE: Sharon Johnson		1-31-07 911.748.3969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2715986 Applied For Not Applicable

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

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees