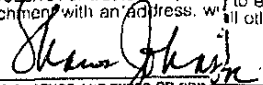
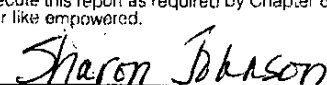


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailed 1-24-08
FILED
Jan 28, 2008 08:00 AM
CR
Secretary of State
\$ 150.00
2008

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	4. FEI Number 59-2715986	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when completing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL L			NAME	
STREET ADDRESS	406 68TH COURT NW			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SHARON A			NAME	
STREET ADDRESS	406 68TH COURT NW			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that if changed, or on an attachment with an address, will other like empowered.					
SIGNATURE: 				SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
1-23-08 914				1-23-08 914	