

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42207

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** ACTION HOUSEHOLD GOODS FORWARDERS, INC.

**Current Principal Place of Business:**

815 S MAIN ST, 6TH FL  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48088  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32247 US

**New Mailing Address:**

**FEI Number:** 59-2744158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNETT, JAMES G  
815 S MAIN ST  
6TH FL  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLY, SCOTT  
Address: 815 S MAIN ST, 5TH FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: VAUGHN, BARRY S  
Address: 815 S MAIN ST, 6TH FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: SUDDATH, STEPHEN M  
Address: 815 S MAIN ST, 6TH FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD  
Name: BARNETT, JAMES G  
Address: 815 S MAIN ST, 6TH FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD  
Name: STRICKLAND, BARBARA S  
Address: 815 S MAIN ST, 6TH FL  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: JAMES G. BARNETT

VD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date