

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90024 033 ***150.00

DOCUMENT # J52069

1. Entity Name

R & K MOVING AND STORAGE, INC.



Principal Place of Business

~~3921 S.E. SLATER ST.~~
STUART FL 34997

Mailing Address

~~3921 S.E. SLATER ST.~~
STUART FL 34997



2. Principal Place of Business

3446 S.E. GLACIER
Suite, Apt. #, etc. Ten

3. Mailing Address

3446 S.E. GLACIER Ten
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

HOBE SOUND, FL

City & State

HOBE SOUND FL

4. FEI Number

59-2759974

Applied For

Not Applicable

Zip 33455

Country U.S.A

Zip 33455

Country U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODEM, LOREN E.
815 COLORADO AVE
SUITE 305
STUART FL 33497

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME REGAN, KEVIN M
STREET ADDRESS ~~3921 S.E. SLATER STR~~
CITY-ST-ZIP STUART FL 34997

TITLE ST ☐ Delete
NAME REGAN JR, ROBERT M
STREET ADDRESS 3321 S E SLATER ST
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☒ Change ☐ Addition
NAME KEVIN M. Regan
STREET ADDRESS 3446 S.E. GLACIER Ten
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ST ☒ Change ☐ Addition
NAME ROBERT M. REGAN JR
STREET ADDRESS 3446 S.E. GLACIER Ten
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kevin M. Regan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06 772-283-6464

Date

Daytime Phone #