


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053963

1. Entity Name
 A-1 ALL PROFESSIONAL MOVERS, LLC



| | |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business 5465 NW 23RD PLACE OCALA, FL 34482 | Mailing Address 5465 NW 23RD PLACE OCALA, FL 34482 |
|----------------------------------------------------------------------|----------------------------------------------------------|



01092006No Chg-LLC CR2E083 (11/05)

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| | |
|----------------------------------|--------------------------------------------------------------------|
| 4. FEI Number 84-1629246 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

HARRIS, WELDON D
 5465 NW 23RD PLACE
 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRIS, WELDON D 5465 NW 23RD PLACE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARRIS, LINDA 5465 NW 23RD PLACE OCALA, FL 34482 |
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 01/23/06-80014-017 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Weldon Harris *Weldon Harris* 1-17-06 352-209-3659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #