


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 008 ***150.00

DOCUMENT # L39873					
1. Entity Name STARVING STUDENTS MOVING SERVICE OF PENSACOLA, INC.					
Principal Place of Business 6155 N PALAFOX PENSACOLA, FL 32503 US		Mailing Address P.O. BOX 30372 PENSACOLA, FL 32503			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2982071	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BELL, WILLIAM MATTHEW 3505 PARKWOOD AVE PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name BELL, WILLIAM MATTHEW Street Address (P.O. Box Number is Not Acceptable) 3310 MONTESSORI PLACE City PENSACOLA FL Zip Code 32504	
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: <i>Patricia L. Schang</i> PATRICIA L. SCHANG				DATE: 4-19-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, WILLIAM MATTHEW	NAME			
STREET ADDRESS	3310 MONTESSORI PLACE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHANG, PATRICIA L	NAME			
STREET ADDRESS	5051 GRANDE DR M3	STREET ADDRESS	10 PORT ROYAL WAY		
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	PENSACOLA, FL 32502		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patricia L. Schang</i> PATRICIA L. SCHANG				DATE: 4-19-04 850-432-5594	