

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90323 002 ***150.00

DOCUMENT # L52220

1. Entity Name

ALADDIN - NAGLEE MOVING & STORAGE, INC.



Principal Place of Business

Mailing Address

24100 TISEO BLVD
#1
PORT CHARLOTTE FL 33980-5223

24100 TISEO BLVD
#1
PORT CHARLOTTE FL 33980-5223

2. Principal Place of Business

3. Mailing Address

268 S. INDIANA AVE.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD, FL.

Zip

Country

Zip

Country

34223

SARASOTA

4. FEI Number

65-0175029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



50039399

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEBERMAN, ERIK R.
227 NOKOMIS AVE S
VENICE FL 34285

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, 2005 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 D ☐ Delete
NAME SCHWEIGER, PHILIP J.
STREET ADDRESS 1402 TALMADGE HILL SOUTH
CITY-ST-ZIP WAVERLY NY

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

TITLE D ☐ Delete
NAME HOOSE, SCOTT M.
STREET ADDRESS 518 HART STREET
CITY-ST-ZIP ELMIRA NY 14905

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Philip J. Schweiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP J. SCHWEIGER PRESIDENT 4/14/05
Date Daytime Phone #