

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M25971

1. Entity Name
AAA GOLD COAST MOVING & STORAGE, INC.



Principal Place of Business
6825 NW 16TH TERRACE
FT. LAUDERDALE, FL 33309

Mailing Address
6825 NW 16TH TERRACE
FT. LAUDERDALE, FL 33309

FILED
Mar 01, 2004 08:00 AM
Secretary of State



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2630978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOCK, DONALD
6825 N.W. 16TH TERRACE
FT. LAUDERDALE, FL 33309

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000072119
03/01/04-81038-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOCK, DONALD
6825 N.W. 16 TERR.
FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MONTERA, RALPH
1 CORPORATE DRIVE
HAUPPAUGE, NY 11788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOCK, KAREN
6825 N.W. 16 TERR.
FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MONTERA, BARBARA
1 CORPRATE DRIVE
SMITHTOWN, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 954-974-7700
Date Daytime Phone #