

2008 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M25971		
1. Entity Name AAA GOLD COAST MOVING & STORAGE, INC.		
Principal Place of Business 6825 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309	Mailing Address 6825 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309	



02132008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000235509
02/29/08-80036-019-150.00

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 HAUPPAUGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

2/21/08

Date

954-974-7700

Daytime Phone #

DONALD W. MOCK, PRESIDENT