2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 06, 2006 08:00 AM Secretary of State

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1. Entity Name SUNBELT MOVING & DELIVERY, INC.



Principal Place of Business

Mailing Address

6629 SW ARCHER ROAD GAINESVILLE, FL 32608

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US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01032006 No Chg-P Applied For 4. FEI Number

5. Certificate of Status Desired

59-2902370

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODKIND, BRIAN K. 13030 ZAMBRANA ST. MIAMI, FL 33156

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 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE 2012 Donathing Signature typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when relistancy) OATE							
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		 Election Campaign Finance Trust Fund Contribution. 	ung	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY+ST+ZIP	PST GOODKIND, MARTIN 6629 SW ARCHER ROAD GAINESVILLE, FL 32608			• •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODKIND, MARTIN 6629 SW ARCHER ROAD GAINESVILLE, FL 32608			•	11. 00, 00 00000 000 100.00		
Title Name Street address City-S7-ZiP				DO	NOT WRITE		
NAME STREET ADORESS CITY-ST-ZIP				ÎN.	THIS SPACE		
THE NAME STREET ADDRESS CITY+ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR