## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000020488

FILED Mar 06, 2004 Secretary of State

Entity Name: READ'S MOVING SYSTEMS OF MELBOURNE FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:			
4301 WOODLAND PARK DRIVE, STE 105 WEST MELBOURNE, FL 32904				4317-A FORTUNE PLACE WEST MELBOURNE, FL 32904			
Current Mailing Address:				New Mailing Address:			
4301 WOODLAND PARK DRIVE, STE 105 WEST MELBOURNE, FL 32904			4317-A FORTUNE PLACE WEST MELBOURNE, FL 32904				
FEI Number:	59-3629626	FEI Number Applied For()	FEI Nur	nber Not Appli	cable ( )	Certificate of Status Desired	d ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COX, ROBERT A % READS MOVING SYSTEM OF MELBOURNE FLORIDA 4301 WOODLAND PARK DR., STE 105 WEST MELBOURNE, FL 32904 US				COX, ROBERT A % READS MOVING SYSTEM OF MELBOURNE FLORIDA 4317-A FORTUNE PLACE WEST MELBOURNE, FL 32904 US			
in the State		submits this statement for the	purpose o	or changing it	s registered o	mice or registered agent, ι	or doth,
SIGNATUR	E: ROBERT	A COX				03/06/2004	
	Electron	ic Signature of Registered Ag	gent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MORRICK, CAR 1141 COSTWOI WEST CHESTE	LD LANE		Title: Name: Address: City-St-Zip:	D (X) MERRICK, CAR 1141 COSTWO WEST CHESTE	DLD LANE	
Title: Name: Address: City-St-Zip:	PD () STURM, ROBIN 8263 ASHWORT JACKSONVILLE	тн ст		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ETD () COX, ROBERT A 785 ORCHID RE WARMINSTER,	)		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () DALEY, JOE 319 MANOR RD HATBORO, PA			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MULLIGEN, MIK 100 GIRARD AV HATBORO, PA	Æ		Title: Name: Address: City-St-Zip:	D (X) MULLIGAN, MIH 100 GIRARD AV HATBORO, PA	VE	
Title: Name: Address: City-St-Zip:	D () GASS, TOM 2708 TAFT AVE GLENSIDE, PA			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A COX SEC 03/06/2004