

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020488

FILED  
Mar 14, 2005  
Secretary of State

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

## Current Principal Place of Business:

4317-A FORTUNE PLACE  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

## Current Mailing Address:

4317-A FORTUNE PLACE  
WEST MELBOURNE, FL 32904

## New Mailing Address:

FEI Number: 59-3629626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, ROBERT A  
% READS MOVING SYSTEM OF MELBOURNE FLORIDA  
4317-A FORTUNE PLACE  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MERRICK, CARL  
Address: 1141 COSTWOLD LANE  
City-St-Zip: WEST CHESTER, PA 19380

Title: PD ( ) Delete  
Name: STURM, ROBIN  
Address: 8263 ASHWORTH CT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ETD ( ) Delete  
Name: COX, ROBERT A  
Address: 785 ORCHID RD  
City-St-Zip: WARMINSTER, PA 18974

Title: D ( ) Delete  
Name: DALEY, JOE  
Address: 319 MANOR RD  
City-St-Zip: HATBORO, PA 19040

Title: D ( ) Delete  
Name: MULLIGAN, MIKE  
Address: 100 GIRARD AVE  
City-St-Zip: HATBORO, PA 19040

Title: D ( ) Delete  
Name: GASS, TOM  
Address: 2708 TAFT AVE  
City-St-Zip: GLENSIDE, PA 19038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 COX

SEC

03/14/2005

Electronic Signature of Signing Officer or Director

Date