# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2006**
**Secretary of State**

DOCUMENT# P00000020488

**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 Chapter 119, 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 MR 03/08/2006
Electronic Signature of Signing Officer or Director — Date