

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90019 038 ***150.00

DOCUMENT # P00000020488

1. Entity Name

**READ'S MOVING SYSTEMS OF MELBOURNE FLORIDA,
INC.**



Principal Place of Business

**4317-A FORTUNE PLACE
WEST MELBOURNE FL 32904**

Mailing Address

**4317-A FORTUNE PLACE
WEST MELBOURNE FL 32904**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3629626**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MERRICK, CARL**
STREET ADDRESS **1141 COSTWOLD LANE**
CITY-STATE-ZIP **WEST CHESTER PA 19380**

TITLE **PD** ☐ Delete
NAME **STURM, ROBIN**
STREET ADDRESS **8263 ASHWORTH CT**
CITY-STATE-ZIP **JACKSONVILLE FL 32256**

TITLE **ETD** ☐ Delete
NAME **COX, ROBERT A**
STREET ADDRESS **785 ORCHID RD**
CITY-STATE-ZIP **WARMINSTER PA 18974**

TITLE **D** ☒ Delete
NAME **DALEY, JOE**
STREET ADDRESS **319 MANOR RD**
CITY-STATE-ZIP **HATBORO PA 19040**

TITLE **D** ☒ Delete
NAME **MULLIGAN, MIKE**
STREET ADDRESS **100 GIRARD AVE**
CITY-STATE-ZIP **HATBORO PA 19040**

TITLE **D** ☒ Delete
NAME **GASS, TOM**
STREET ADDRESS **2708 TAFT AVE**
CITY-STATE-ZIP **GLENSIDE PA 19038**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Robin D. Sturm, Sr.**
STREET ADDRESS **651 Preserve View**
CITY-STATE-ZIP **Ponte Vedra, FL 32081**

TITLE **ETD** ☒ Change ☐ Addition
NAME **Cox, Robert A.**
STREET ADDRESS **395 East State St.**
CITY-STATE-ZIP **Doylestown, PA 18901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, on an attachment with an address, with all other like empowered.

SIGNATURE

Robin D. Sturm, Sr. Feb. 28, 2007 904-733-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #