

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000020488

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4317-A FORTUNE PLACE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

4317-A FORTUNE PLACE  
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:**

COX, ROBERT A  
6411 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32216 US

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

02/15/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STURM, ROBIN D SR.  
Address: 651 PRESERVE VIEW  
City-St-Zip: PONTE VEDRA, FL 32081

Title: ETD  
Name: COX, ROBERT A  
Address: 395 EAST STATE STREET  
City-St-Zip: DOYLESTOWN, PA 18901

I hereby 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 all other like empowered.

SIGNATURE: ROBIN D. STURM, SR.

PRES

02/15/2010

Electronic Signature of Signing Officer or Director

Date