

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000049779

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** DOUG'S HOURLY MUSCLE MOVERS AND PACKERS, INC.

**Current Principal Place of Business:**

3200 PALM VIEW RD.  
OR 61ST STREET E  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

3200 PALM VIEW RD.  
OR 61ST STREET E  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 59-3648939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROTT, JACKIE  
3200 PALM VIEW RD.  
PALMETTO, FL 34221 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STROTT, DOUGLAS  
Address: 3200 PALM VIEW RD  
City-St-Zip: PALMETTO, FL 34221

Title: VSTD  
Name: STROTT, JACKIE  
Address: 3200 PALM VIEW RD  
City-St-Zip: PALMETTO, FL 34221

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: JACQUELINE STROTT

VP

02/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date