

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094936

FILED
Apr 26, 2005
Secretary of State

Entity Name: DJ'S MOVING SERVICE, INC.

Current Principal Place of Business:

2805 ST MARKS DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

4375 SOUTH ST.
TITUSVILLE, FL 32780

Current Mailing Address:

2805 ST MARKS DRIVE
TITUSVILLE, FL 32780

New Mailing Address:

2805 ST. MARKS DR.
TITUSVILLE, FL 32780

FEI Number: 59-3678274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, JOHN H
1702 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 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: PT () Delete
Name: MANGANO, DAWN A
Address: 2805 ST. MARKS
City-St-Zip: TITUSVILLE, FL 32780

Title: VS () Delete
Name: MANGANO, JOSEPH P
Address: 2805 ST MARKS DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAWN A. MANGANO

PT

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date