

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000022396

Entity Name: CITY OF PALMS MOVERS, INC.

FILED
Jun 27, 2007
Secretary of State

Current Principal Place of Business:

1431 SE 10TH STREET
UNIT F
CAPE CORAL, FL 33990

Current Mailing Address:

870 SE 47TH ST
UNIT 1
CAPE CORAL, FL 33904

New Principal Place of Business:

870 SE 47TH ST
UNIT 1
CAPE CORAL, FL 33904

New Mailing Address:

2710 DEL PRADO BLVD S
UNIT 285
CAPE CORAL, FL 33904

FEI Number: 36-4429611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVELL, SHANNON S
714 SE 33RD TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

LOVELL, SHANNON S PRESIDE
714 SE 33RD TERRACE
CAPE CORAL, FL 33904 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: SHANNON S LOVELL

06/27/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOVELL, SHANNON S
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HAMMOND, KARA A
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOVELL, SHANNON S PRESIDE
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change () Addition
Name: LOVELL, KARA A VICE PR
Address: 714 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify 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: SHANNON S LOVELL

D

06/27/2007

Electronic Signature of Signing Officer or Director

Date