

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022396

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CITY OF PALMS MOVERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

714 SE 33RD TER  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 36-4429611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: SHANNON LOVELL

PRES

04/30/2012

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

\_\_\_\_\_  
Date