


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90007 045 \*\*\*150.00

DOCUMENT # P01000023444

1. Entity Name  
 OLD BAYMEADOWS MOVERS, INC.



Principal Place of Business Mailing Address  
 8282 WESTERN WAY CIRCLE A-1 8282 WESTERN WAY CIRCLE A-1  
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 8282 WESTERN WAY CIRCLE 8282 WESTERN WAY CIRCLE  
 Suite, Apt. #, etc. #A-1 Suite, Apt. #, etc. #A-1

1st MOORE CR2E034 (10/07)

City & State City & State  
 JAX, FL JAX, FL

4. FEI Number 59-3701589 Applied For  
 Not Applicable

Zip Country Zip Country  
 32256 32256

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DAVID, LOUIS  
 12627 SAN JOSE BLVD  
 #306  
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASANBEGOVIC, DZEVAD 14744 GRASSY HOLE CT JACKSONVILLE FL 32258 <i>NEW ADDRESS</i> ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6370 FOREST STUMP LN JAX, FL 32258
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DZEVAD HASANBEGOVIC 02-18-08 904-219-8634  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #