

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031741

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: AAA MOBILE HOME MOVERS, INC.

## Current Principal Place of Business:

801 GREENSBORO RD  
COCOA, FL 32926

## New Principal Place of Business:

5441 AVOCADO AVE  
COCOA, FL 32926

## Current Mailing Address:

P O BOX 973  
SHARPES, FL 32959

## New Mailing Address:

FEI Number: 59-3717011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BREWER, STEPHEN M  
1209 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: PD ( ) Delete  
Name: WELLS, DAVID W JR  
Address: P O BOX 973  
City-St-Zip: SHARPES, FL 32959

Title: STD ( ) Delete  
Name: WELLS, PAULA D  
Address: P O BOX 973  
City-St-Zip: SHARPES, FL 32959

## 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 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: PAULA D WELLS

SEC

04/13/2008

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

\_\_\_\_\_  
Date