


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 023 ***150.00

DOCUMENT # P01000080717		
1. Entity Name TODD'S MOVING, INC.		

Principal Place of Business 12 ZENOBLE PL PALM COAST FL 32164 US	Mailing Address P.O. BOX 2649 BUNNELL FL 32110 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



2nd MOORE CR2E034 (5/05)

4. FEI Number 59-3737168		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KRAMER, LEXY M 12 ZENOBLE PLACE PALM COAST FL 32137		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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMER, R. TODD P O BOX 2649 BUNNELL FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAMER, LEXY M P O BOX 2649 BUNNELL FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: R. Todd Kramer 8/25/05 386-437-6688

ATTACHMENT
5006403
TODD'S
MOVING INC.
P.O. Box 2649
Bunnell, FL 32110
(386) 437-MOVE (6683)
Fax: (386) 437-2227
E-Mail: toddmove@bellsouth.net

August 25, 2005

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

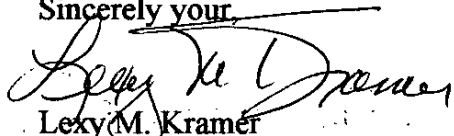
RE: 2005 For Profit Corporation Annual Report
Document # P01000080717

To whom it may concern:

Today I called your office to inquire why we are being penalized with a late fee, and as to my understanding this annual report had to be filed and paid my May 1, 2005 upon receiving our postcard. We receive our postcard in mid July 2005. On July 19, 2005, I mailed back the other portion of the card requesting a copy of the form. We received that form today, August 25, 2005. Therefore, we are requesting the penalty charge to be waived due to the time that we received the postcard and form.

I will greatly appreciate it if our request would be honored. We have enclosed a check with the amount of \$150.00. If you have any question please call us at phone listed above.

Sincerely your,


Lexy M. Kramer
VP/Office Manager