

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

Feb 03, 2006 08:00 AM

Secretary of State

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



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAMER, LEXY M
12 ZENOBLE PLACE
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 Lexy M. Kramer 1/30/06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 KRAMER, R. TODD P O BOX 2649 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAMER, LEXY M P O BOX 2649 BUNNELL, FL 32110
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lexy M. Kramer, VP. 1/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #