

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P010000807



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

DO NOT WRITE IN THIS SPACE



01092008. No Chg-P: CR2E034 (11/05)

4. FEI Number
59-3737168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, LEXY M
12 ZENOBLE PLACE
PALM COAST, FL 32164

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/15/08-80039-002 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386437-6683