

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90194 002 ***150.00

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1. Entity Name

ENTERPRISE MOVING & STORAGE, INC.



Principal Place of Business

5830 SW 25 ST.
HOLLYWOOD, FL 33023

Mailing Address

5830 SW 25 ST.
HOLLYWOOD, FL 33023

24070699



04202004

No Chg-P

CR2E034 (10/03)

4. FEI Number

860-0030747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNSTEIN, MARK
5001 S. UNIVERSITY DRIVE
SUITE #A
DAVIE, FL 33328

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, name or printed name of registered agent and the fee applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCCARRON, CHARLES
STREET ADDRESS 5830 SW 25 ST.
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE D
NAME MCCARRON, DONNA
STREET ADDRESS 5830 SW 25 ST.
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE
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IN THIS SPACE

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: DONNA MCCARRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04 (954)965-9882

Date

Daytime Phone #