


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000020055</b>					
<b>1. Entity Name</b> BOXES FOR LESS AND MOVING SUPPLIES INC.					
<b>Principal Place of Business</b> 9222 N W 101 STREET MEDLEY, FL 33178 US			<b>Mailing Address</b> 9222 N W 101 STREET MEDLEY, FL 33178 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 7946 W. 14 CT.		<b>3. Mailing Address</b> P.O. Box 127119			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hialeah FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 01-0628319	
<b>Zip</b> 33014		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HANCOCK, RONNIE L 7946 W. 14TH COURT HIALEAH, FL 33014		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P HANCOCK, RONNIE L 9222 N W 101 STREET MEDLEY, FL 33178	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	7946 W 14 CT HIALEAH, FL 33014	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP HANCOCK, LINDA 7946 W 14 COURT HIALEAH, FL 33014	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	400136102054 09/18/08--01046--001 **150.00	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Linda Hancock</i> LINDA HANCOCK			9/10/08 786-232-1242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

08 SEP 15 PM 4:21

CLERK OF STATE  
TALLAHASSEE, FLORIDA



09122008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL Zip Code

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