

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90057 030 \*\*\*150.00

DOCUMENT-# P02000028811

1. Entity Name

HOWARD'S LOCAL AND STATEWIDE MOVING, INC.



Principal Place of Business

1432 WYNDCLIFF DR.  
WELLINGTON FL 33414

Mailing Address

1432 WYNDCLIFF DR.  
WELLINGTON FL 33414

54028471



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Howard's Local & Statewide Moving Inc.  
Suite, Apt. #, etc.

1139 Hickory Trail  
Suite, Apt. #, etc.

City & State

Wellington, FLA

City & State

Wellington FLA

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

4. FEI Number

04-3658314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACEY, CHARLES F  
1432 WYNDCLIFF DR.  
WELLINGTON FL 33414

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete  
NAME BLACEY, CHARLES F  
STREET ADDRESS 1432 WYNDCLIFF DR.  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE STD ☐ Delete  
NAME BLACEY, SANDRA S  
STREET ADDRESS 1432 WYNDCLIFF DR.  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 1139 Hickory Trail  
STREET ADDRESS Wellington FL 33414  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1139 Hickory Trail  
STREET ADDRESS Wellington FLA 33414  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Charles F. Blacey Charles F. BLACEY

4-2-04

561-964-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #