


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90001 027 ***550.00

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| DOCUMENT # P02000047079 |  |
| 1. Entity Name ALLWAYZ MOVING INC. | |

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| Principal Place of Business 4300 GAIL BLVD NAPLES, FL 34104 | Mailing Address 4300 GAIL BLVD NAPLES, FL 34104 |
|---|---|

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| 2. Principal Place of Business 4420 7th Ave NW | 3. Mailing Address 4420 7th Ave NW |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------|-------------------------------|
| City & State Naples | City & State Naples |
| Zip 34116 | Country |



02192004 Chg-P CR2E034 (10/03)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent QUICK-PACK & SHIP 6433 AIRPORT RD N. NAPLES, FL 34109 | | 7. Name and Address of New Registered Agent Name Daniel R. Luckey Street Address (P.O. Box Number is Not Acceptable) 4420 7th Ave NW City Naples FL Zip Code 34116 | |
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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 **Daniel R. Luckey** DATE **6-16-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HEWETT, CHAD V 4300 GAIL BLVD NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DANIEL, LUCEY 4300 GAIL BLVD NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Daniel R. Luckey 4420 7th Ave NW Naples, FL 34116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Daniel R. Luckey** DATE **6-16-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR