2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095896 FILED 1. Entity Name SOUTHERN STAR MOVING, INC. 07 SEP -5 AM 7: 20 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2518 CAPITAL CIRCLE S.E. 2518 CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 153 Northautt Suite, Apt. #, etc. Suite, Apt. #, etc 09052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For allahosses 03-0480804 Florible Not Applicable Zip Country Country Zip \$8.75 Additional 32317 5. Certificate of Status Desired U.S. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIMBALL, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 153 NORTHCUTT TERRACE TALLAHASSEE, FL 32317 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE □ Delete TITLE KIMBALL, FREDERICK NAME NAME **30010959531**3 /18/07--01066--030 **1 STREET ADDRESS 153 NORTHCUTT TERRACE STREET ADDRESS TALLAHASSEE, FL 32317 CITY-SI-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 OFFICER OR DIRECTOR