

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 028 ***158.75

DOCUMENT # P02000100453

1. Entity Name

J & D MOVERS, INC.



Principal Place of Business

4020 DEL RIO FLORIDA WAY
SUNRISE FL 33351

Mailing Address

4020 DEL RIO WAY
SUNRISE FL 33351

2. Principal Place of Business

4020 DEL RIO WAY

Suite, Apt. #, etc.

HOUSE

City & State

SUNRISE FL

Zip

33351

Country

FLORIDA

3. Mailing Address

4020 DEL RIO WAY

Suite, Apt. #, etc.

HOUSE

City & State

SUNRISE FL

Zip

33351

Country

FLORIDA



MOORE

CR2E034 (11/03)

4. FEI Number

20-0002050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, DAWN M
4020 DEL RIO WAY
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

DAWN MARIE MEDINA

Street Address (P.O. Box Number is Not Acceptable)

4020 DEL RIO WAY

SUNRISE

FL

33351

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

Dawn Medina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPTS
MEDINA, DAWN M
4020 DEL RIO WAY
SUNRISE FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Dawn Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

DATE

Daytime Phone #

954-746-3167