


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000115664
 1. Entity Name
REMOVALS OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
2044 7TH COURT S **PO BOX 5674**
LAKE WORTH, FL 33461 **LAKE WORTH, FL 33466**



06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
82-0572943 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BACH, JENNIFER
2044 7TH COURT S
LAKE WORTH, FL 33461

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

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BACH, JENNIFER 2044 7TH COURT S LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOSCH, JULIE 2044 7TH COURT S LAKE WORTH, FL 33461
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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)(f), 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 fee empowered.

SIGNATURE: Julie Bosch Date 8-18-04 Daytime Phone # 561-818-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

JULIE BOSCH