


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000115664 1. Entity Name REMOVALS OF SOUTH FLORIDA, INC.	
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Principal Place of Business 2044 7TH COURT S LAKE WORTH, FL 33461	Mailing Address PO BOX 5674 LAKE WORTH, FL 33466
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**DO NOT WRITE IN THIS SPACE**



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0572943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACH, JENNIFER  
2044 7TH COURT S  
LAKE WORTH, FL 33461

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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U00000368012  
05/23/05-80010-006 150.00

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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: Julie Bosch Julie Bosch Date: 5-16-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #