

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90018 005 ***150.00

DOCUMENT # P02000125250 1. Entity Name DOUG'S MOVING AND DELIVERY, INC.			
Principal Place of Business 5754 SR 542 WEST UNIT 4 WINTER HAVEN, FL 33880		Mailing Address 5754 SR 542 WEST UNIT 4 WINTER HAVEN, FL 33880	
2. Principal Place of Business 3606 US HWY 92 E, SUITE 4 Suite, Apt. #, etc.		3. Mailing Address 3606 US HWY 92 E, SUITE 4 Suite, Apt. #, etc.	
City & State LAKELAND, FL Zip 33801 Country USA		City & State LAKELAND, FL Zip 33801 Country USA	
4. FEI Number 75-3094024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PRESTON, JOYCE A 5754 SR 542 WEST UNIT 4 WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name: PRESTON, JOYCE A Street Address (P.O. Box Number is Not Acceptable): 3606 US HWY 92 E, SUITE 4 City: LAKELAND FL Zip Code: 33801	
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: <u>Joyce A. Preston</u> DATE: <u>7/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, JOYCE A 5754 SR 542 WEST UNIT 4 WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3606 US HWY 92 E, SUITE 4 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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: <u>Joyce A. Preston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/12/04</u> Daytime Phone #	

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