

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134178

FILED
Aug 21, 2008
Secretary of State

Entity Name: GUARDIAN MOVING AND MORE, INC.

Current Principal Place of Business:

2590 N TAMIAMI TRAIL
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

PO BOX 3366
NORTH FORT MYERS, FL 33918

New Mailing Address:

2590 N TAMIAMI TRAIL
N FT MYERS, FL 33903

FEI Number: 65-1179052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ELISABETH L
2590 N TAMIAMI TRAIL
N FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRITCHARD, ELISABETH
Address: 2590 N TAMIAMI TRAIL
City-St-Zip: N FT MYERS, FL 33903

Title: T () Delete
Name: PRITCHARD, HAROLD K
Address: 2590 N TAMIAMI TRAIL
City-St-Zip: N FT MYERS, FL 33903

Title: VP () Delete
Name: SYLVESTER, PAUL F
Address: 1118 SW 54 LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISABETH L. PRITCHARD

P

08/21/2008

Electronic Signature of Signing Officer or Director

Date