

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90023 012 \*\*\*158.75

**DOCUMENT # P03000022383**

1. Entity Name  
**THE MOVE DOCTORS, INC.**



Principal Place of Business  
**9345 2ND STREET NORTH  
ST PETERSBURG, FL 33702**

Mailing Address  
**9345 2ND STREET NORTH  
ST PETERSBURG, FL 33702**

**44009489**



2. Principal Place of Business

3. Mailing Address

02062004 Chg-P CR2E034 (10/03)

4. FEI Number

**83-0349836**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BACON, DAVID A ESQ  
2959 FIRST AVE NORTH  
ST PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DP HERRON, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	317 MAE COURT	
CITY-ST-ZIP	PALM HARBOUR, FL 34683	
TITLE NAME	DY HERRON, DENISE	<input type="checkbox"/> Delete
STREET ADDRESS	317 MAE COURT	
CITY-ST-ZIP	PALM HARBOUR, FL 34683	
TITLE NAME	DV SORENSEN, R. MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	9345 2ND STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE NAME	DS BALABAN, ARLENEN	<input type="checkbox"/> Delete
STREET ADDRESS	9345 2ND STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE NAME	D PAUL, CHRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 48683	
CITY-ST-ZIP	ST PETERSBURG, FL 33743	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	OT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:** *R Martin Sorensen* 2/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-572-7963

Daytime Phone #