

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022383

FILED
Jan 17, 2005
Secretary of State

Entity Name: THE MOVE DOCTORS, INC.

Current Principal Place of Business:

9345 2ND STREET NORTH
ST PETERSBURG, FL 33702

New Principal Place of Business:

317 MAE CT.
PALM HARBOR, FL 34683

Current Mailing Address:

9345 2ND STREET NORTH
ST PETERSBURG, FL 33702

New Mailing Address:

317 MAE CT.
PALM HARBOR
PALM HARBOR, FL 34683

FEI Number: 83-0349836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HERRON, ALAN
Address: 317 MAE COURT
City-St-Zip: PALM HARBOUR, FL 34683

Title: OT () Delete
Name: HERRON, DENISE
Address: 317 MAE COURT
City-St-Zip: PALM HARBOUR, FL 34683

Title: DV () Delete
Name: SORENSEN, R. MARTIN
Address: 9345 2ND STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: DS () Delete
Name: BALABAN, ARLENEN
Address: 9345 2ND STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OT (X) Change () Addition
Name: HERRON, ALAN
Address: 317 MAE COURT
City-St-Zip: PALM HARBOUR, FL 34683

Title: DV (X) Change () Addition
Name: HERRON, DENISE
Address: 317 MAE COURT
City-St-Zip: PALM HARBOUR, FL 34683

Title: DS (X) Change () Addition
Name: HERRON, DENISE
Address: 317 MAE COURT
City-St-Zip: PALM HARBOUR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN HERRON

DP

01/17/2005

Electronic Signature of Signing Officer or Director

Date