

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90717 011 ***150.00

DOCUMENT # P03000058556

1. Entity Name

GARY A. MAPLES MOVING CO. INC.



Principal Place of Business

2901 SQUIRE OAK CT
ST. CLOUD FL 34769

Mailing Address

2901 SQUIRE OAK CT
ST. CLOUD FL 34769

34030040



MOORE CR2E034 (11/03)

2. Principal Place of Business

2901 SQUIRE OAK CT
Suite, Apt. #, etc.

3. Mailing Address

2901 SQUIRE OAK CT
Suite, Apt. #, etc.

City & State

ST. CLOUD FL

City & State

SAME

Zip

34769

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAPLES, LORETTA
2901 SQUIRE OAK CT
ST. CLOUD FL 34769

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

Gary A. Maples

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MAPLES, GARY A
STREET ADDRESS 2901 SQUIRE OAK CT
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE VD ☐ Delete
NAME MAPLES, LORETTA
STREET ADDRESS 2901 SQUIRE OAK CT
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Gary A. Maples GARY A. Maples

Date

4-14-04

Daytime Phone

402 891 2427