2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 08, 2005 8:00 am Secretary of State DOCUMENT # P03000090828 1. Entity Name 02-08-2005 90009 044 ***158.75 AMERICA MOVING, MOVING AMERICA INC. Principal Place of Business Mailing Address 1839 LIGHTHOUSE POINTE DRIVE 1839 LIGHTHOUSE POINTE DRIVE **GULF BREEZE FL 32563 GULF BREEZE FL 32563** 2. Principal Place of Business 3. Mailing Address 620 N. Beal PKwy Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite 2 Applied For City & State City & State 4. FEI Number 20-0172798 Fort Walton Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 32547 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 912 S PALM BLVD STE E NICEVILLE FL 32578 City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P.T.D Champenois, Cecilia M 1839 Lighthouse Pointe Drive TITLE Change Addition TITLE Delete APPLEGATE, CECILIA M NAME STREET ADDRESS P.O. BOX 471 STREET ADDRESS VALPARAISO FL 32580 CITY-ST-7IP Gulf Breeze, FL 32563 CITY-ST-ZIP Change Delete TITLE ☐ Addition mummah, Ronnie 219 Mattie Kelly Blvd. NAME MUMMAH, RONNIE NAME STREET ADDRESS 1243 SIEBERT, UNIT 6 STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 Destin, FL 32541 CITY-ST-ZIP Name Change Due to Divorce 1/27/05 TITLE ☐ Delete NAME THOMAS, MARGARET W. STREET ADDRESS 1839 LIGHTHOUSE POINTE DRIVE Sì Cį CITY-ST-7IP **GULF BREEZE FL 32563** Τi Delete TITLE NAME si STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete Τij TITLE NAME Νě STREET ADDRESS ST CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the endocrated 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.

FILED

SIGNATURE: Cacilia M. Champenois Cecilia M. Champenois SIGNATURE AND TYPED OR PRINTED AAME OF SIGNING OFFICER OR DIRECTOR 01 FEB 05