2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000107927

1. Entity Name

A-1 SUN MOVERS, INC.

Principal Place of Business	Mailing Address
651 SEAVIEW AVENUE BOYNTON BEACH FL 33435	651 SEAVIEW AVENUE BOYNTON BEACH FL 33435

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (5/05)

4. FEI Number 57-1191123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LITERSKY, WILLIAM N 651 SEAVIEW AVENUE BOYNTON BEACH FL 33435	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 $550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S , allows for the waiver of the $400 00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150 00. ☑

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITERSKY, WILLIAM N 651 SEAVIEW AVENUE BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000375206 08/01/05-80009-004 150.00	☐ Change ☐ Addition
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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: William N. Litersky 7/29/05 561-272 4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM N. LITERSKY