2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000001319

1. Entity Name
LESZEK STEVENS MOVING, INC.

Principal Place of Business	Mailing Address
20 BUTTONWORTH DR. PALM COAST, FL 32137	20 BUTTONWORTH DR. PALM COAST, FL 32137

03012005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1212806	Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, LESZEK
20 BUTTONWORTH DR.
PALM COAST, FL 32137

DO NOT WRITE
IN THIS SPACE

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVENS, LESZEK
STREET ADDRESS	20 BUTTONWORTH DR.
CITY-ST-ZIP	PALM COAST, FL 32137

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03/31/05--80022--008 158.75

TITLE	VP
NAME	STEVENS, BEATA
STREET ADDRESS	20 BUTTONWORTH DR.
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Leszek Stevens_   _03/01/05_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #