


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000029804			
1. Entity Name MOVE 4 LESS REALTY, INC.			
Principal Place of Business 7994 LANCELOT DRIVE PENSACOLA, FL 32514 US		Mailing Address 7994 LANCELOT DRIVE PENSACOLA, FL 32514 US	
2. Principal Place of Business 2627 CREIGHTON ROAD		3. Mailing Address Suite, Apt. #, etc.	
City & State PENSACOLA, FLORIDA		City & State	
Zip 32504	Country ESCAMBIA	Zip	Country
4. FEI Number 20-0711698		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, WILLIAM R 3298 SUMMIT BLVD. SUITE 22 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name PAUL MACHADO Street Address (P.O. Box Number is Not Acceptable) 2627 CREIGHTON ROAD City PENSACOLA FL Zip Code 32504	
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 <i>Paul Machado</i> PAUL MACHADO - PRESIDENT 1/17/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MACHADO, PAUL 7994 LANCELOT DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paul Machado</i>		1/17/05 1-800-549-2995	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED
05 FEB 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005 Chg-P CR2E034 (10/03)