## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000038375** 04-18-2005 90332 024 \*\*\*158.75 LA GRANDE MOVERS OF CENTRAL FLINC. Principal Place of Business Mailing Address VVVJOU4/ 11352 SPACE BLVD 11352 SPACE BLVD ORLANDO, FL 32837 US ORLANDO, FL 32837 US 2. Principal Place of Business ... 3. Mailing Address ... Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 CR2E034 (10/03) Chg-P City & State 4. FEI Number City & State Applied For 20-0804224 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JOEL F Street Address (P.O. Box Number is Not Acceptable) 805 PEBBLE CREEK CIR ORLANDO, FL 32824 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change ☐ Addition RODRIGUEZ, JOEL F NAME NAME 805 PEBBLE CREEK CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP Delete ☐ Change ☐ Addition RODRIGUEZ, JOEL F NAME NAME STREET ADDRESS **805 PEBBLE CREEK CIR** STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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: JOEL F. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

12-APR-05 (407)859-9423

**FILED**