## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000081316

Entity Name: SPOT MOVE, INC.

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 S. MAIN STREET, 6TH FLOOR 815 S MAIN ST ATTN: LORI EISCHEN ATTN: LORI EISCHEN

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

815 S. MAIN STREET, 6TH FLOOR PO BOX 48088
ATTN: LORI EISCHEN ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32247

FEI Number: 90-0177831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNETT, JAMES G
815 S. MAIN STREET
815 S MAIN ST

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

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.

SIGNATURE: 03/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: SUDDATH, STEPHEN M Name: SUDDATH, STEPHEN M Address: 815 S. MAIN STREET Address: 815 S. MAIN ST

City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32207

Title: CEOD ( ) Delete Title: CEOD (X) Change ( ) Addition

 Name:
 VAUGHN, BARRY S
 Name:
 VAUGHN, BARRY S

 Address:
 815 S. MAIN STREET
 Address:
 815 S MAIN ST

City-St-Zip: JACKSONVILLE, FL 32207

 Name:
 BARNETT, JAMES G
 Name:
 BARNETT, JAMES G

 Address:
 815 S. MAIN STREET
 Address:
 815 S. MAIN ST

City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete Title: SD (X) Change () Addition

Name:STRICKLAND, BARBARA SName:STRICKLAND, BARBARA SAddress:815 S. MAIN STREETAddress:815 S MAIN ST

Address: 815 S. MAIN STREET Address: 815 S. MAIN ST City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. BARNETT VD 03/03/2009