## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000146578

Address:

City-St-Zip:

2745 NW 55TH BLVD.

GAINESVILLE, FL 32653 US

Entity Name: JESSIE'S MOVING & DELIVERY SERVICE, INC.

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business:          |  |                                | New Principal Place of Business:            |  |  |
|---|--|--------------------------------|---|--|--|
|   | 55TH BOULE\<br>ILLE, FL 3265                         |                                |   |  |  |
| Current Mailing Address:                      |  |                                | New Mailing Address:                        |  |  |
|   | 55TH BOULE\<br>ILLE, FL 3265                         | · ·· ·—                        |   |  |  |
| FEI Number                                    | : 11-3732115   | 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:   |  |  |
| 2745 NW :<br>GAINESVI                         | N, VERDELL \ 55TH BOULE\ ILLE, FL 3265:              | /ARD<br>3 US                   | ourpose of changing its registered          | d office or registered agent, or both,       |  |
|   | e of Florida.  | ·                              | , 33  | ,  |  |
| SIGNATU                                       | RE:  |                                |   |  |  |
|   | Electror   | nic Signature of Registered Ag | ent   | Date   |  |
| Election Ca                                   | mpaign Financin                                      | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>ROBINSON, JE<br>2745 NW 55 B<br>GAINESVILLE, | LVD.                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD (<br>HARRIS, JAME<br>614 STRIHAL I<br>OAKLAND, FL | .OOP                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | ,  | ) Delete<br>ERDELL W MRS.      | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: VERDELL W. ROBINSON SD 04/29/2008