## 2006 FOR PROFIT CORPORATION

## Feb 06, 2006 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P04000152680 1. Entity Name JDS MOVING CO., INC. Principal Place of Business Mailing Address 3079 IRVING ST 3079 IRVING ST SARASOTA, FL 34237 SARASOTA, FL 34237 No Chg-P 01292006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1813798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent SAUCEDA, DAVID DO NOT WRITE 3079 IRVING ST SARASOTA, FL 34237 IN THIS SPACE 6. 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 except the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title it applicable [NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SAUCEDA, DAVID NAME STREET ADDRESS 3079 IRVING ST CITY-SI-ZIP SARASOTA, FL 34237 77D F NAME SAUCEDA, KIMBERLY U00000421578 02/16/06-80042-010 150.00 STREET ADDRESS 3079 IRVING ST CATY-ST-ZAP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS CSTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**