

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000045278

Entity Name: SPACECOAST REMOVAL SERVICE, INC.

**FILED**  
**May 26, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

531 SAINT JOHNS STREET  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

531 SAINT JOHNS STREET  
COCOA, FL 32922

**New Mailing Address:**

FEI Number: 05-0623724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHIDBY-STONE, LISA E  
531 SAINT JOHNS STREET  
COCOA, FL 32922 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: OFFI ( ) Delete  
Name: STONE, ALAN M OFFICER  
Address: 531 SAINT JOHNS STREET  
City-St-Zip: COCOA, FL 32922 US

Title: OFFI ( ) Delete  
Name: STONE, A. F OFFICER  
Address: 531 SAINT JOHNS STREET  
City-St-Zip: COCOA, FL 32922 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OFFI (X) Change ( ) Addition  
Name: STONE, ADRIAN F PRES  
Address: 531 SAINT JOHNS STREET  
City-St-Zip: COCOA, FL 32922 US

Title: OFFI ( ) Change (X) Addition  
Name: MOORE, JR., KENNETH T SR. V.P  
Address: 928 LEVITT PKWY  
City-St-Zip: ROCKLEDGE, FL 32955

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: ADRIAN F. STONE

PRES

05/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date