

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000154297

1. Entity Name  
ARDELL'S MOVING & DELIVERY SERVICES, INC.



Principal Place of Business  
2721 SE 62ND STREET  
OCALA, FL 34480

Mailing Address  
2721 SE 62ND STREET  
OCALA, FL 34480

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3831058

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROBINSON, ARDELL J  
2721 SE 62ND STREET  
OCALA, FL 34480

**DO NOT WRITE  
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

1000000753471  
05/22/07-60021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, ARDELL J
STREET ADDRESS	2721 SE 62ND STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	VP
NAME	ROBINSON, ANGELA G
STREET ADDRESS	2721 SE 62ND STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	S
NAME	ROBINSON, ANGELA G
STREET ADDRESS	2721 SE 62ND STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	T
NAME	ROBINSON, ARDELL J
STREET ADDRESS	2721 SE 62ND STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/07