

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3831058	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000942678
05/29/08-80028-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, ARDELL J 2721 SE 62ND STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, ANGELA G 2721 SE 62ND STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, ANGELA G 2721 SE 62ND STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, ARDELL J 2721 SE 62ND STREET 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: Ardeell Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/08 352-26-1400
Date Daytime Phone #