


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90025 032 ***150.00

DOCUMENT # P06000097533			
1. Entity Name THE INCREDIBLE BULK MOVING COMPANY INC.			
Principal Place of Business 9235 S.W. 8TH STREET #411 BOCA RATON, FL 33428 US		Mailing Address 9235 S.W. 8TH STREET #411 BOCA RATON, FL 33428 US	
2. Principal Place of Business - No P.O. Box # 9266 GETTYSBURG RD		3. Mailing Address 9266 GETTYSBURG RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Country 33434		Country 33434	
4. FEI Number 20-5284550		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425		7. Name and Address of New Registered Agent Name: ROBERT E. BONI Street Address (P.O. Box Number is Not Acceptable): 9266 GETTYSBURG RD City: BOCA RATON FL Zip Code: 33434	
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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BONI, ROBERT E STREET ADDRESS: 9235 S.W. 8TH STREET #411 CITY-ST-ZIP: BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE: P NAME: BONI, ROBERT E STREET ADDRESS: 9266 GETTYSBURG RD CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CANTALUPO, STEPHEN J STREET ADDRESS: 9235 S.W. 8TH STREET #411 CITY-ST-ZIP: BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ROBERT E. BONI		Date: 1-29-08	Daytime Phone #: (561) 703-7655