Aug 03 07 11:11a The Villa Law Firm

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90006 001 ****50.00
09-07-2007 90006 002 ***500.00

DOCUMENT # P06000110950

1. Entity Name
EZG MOVING & STORAGE, INC.

66021803

Principal Place of Business	Mailing Address
151 GABRIEL AVENUE MAITLAND, FL 32751	151 GABRIEL AVENUE MAITLAND, FL 32751
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5443589 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, GRACE P 151 GABRIEL AVENUE MAITLAND, FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] Johnson   8/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, GRACE P 151 GABRIEL AVENUE ORLANDO, FL 32751 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: [signature] Johnson   8/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #