

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068145

Entity Name: ELITE MOVERS INC.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

2124 LISTON CT
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

2124 LISTON CT
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-8647446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, LESLIE
2124 LISTON CT
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BELL, LESLIE S
2124 LISTON CT
ORLANDO, FL 32811 US

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: LESLIE S. BELL

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, LESLIE
Address: 2124 LISTON CT
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: WILLCOX, PAMELA
Address: 5472 LILY ST
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: BELL, JIMMIE R
Address: 1761 RAVENALL AVE
City-St-Zip: ORLANDO, FL 32811

Title: O () Delete
Name: MOSELY, TERRENCE
Address: 2786 MESSINA AVE
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: EVANS, ARMOR
Address: 8939 WILTS ST
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELL, LESLIE S
Address: 2124 LISTON CT
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change () Addition
Name: WILCOX, PAMELA
Address: 5472 LILY ST
City-St-Zip: ORLANDO, FL 32811

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

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

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

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: LESLIE S. BELL

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date