2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068145

Entity Name: ELITE MOVERS INC.

City-St-Zip: ORLANDO, FL 32811

FILED Mar 30, 2009 Secretary of State

y		SVERO IIVO.			
Current Principal Place of Business:			New Principal Place of Business:		
2124 LISTO ORLANDO	ON CT D, FL 32811				
Current Mailing Address:			New Mailing Address:		
2124 LISTO ORLANDO	ON CT D, FL 32811				
FEI Number: 20-8647446 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
BELL, LES 2124 LIST ORLANDO		US			
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or bo	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	P (BELL, LESLIE 2124 LISTON (ORLANDO, FL	СТ	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP (WILCOX, PAM 5472 LILY ST ORLANDO, FL		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	T (BELL, JIMMIE 1761 RAVENAI ORLANDO, FL	L AVE	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	O (MOSELY, TER 2786 MESSINA ORLANDO, FL	AVE	Title: Name: Address: City-St-Zip:	O (X) Change () Addition MOSELY, TERRENCE 934 WILLIE MAYES PARKWAY ORLANDO, FL 32811	
Title: Name: Address:	S (EVANS, ARMO 8939 WILTS S		Title: Name: Address:	S (X) Change () Addition EVANS, ARMOR 3939 WILTS ST	

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.

City-St-Zip: ORLANDO, FL 32811

SIGNATURE: LESLIE S. BELL P 03/30/2009