9/12/2008-90001-049-\$150.00-\$150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P07000135639** 1. Entity Name 08 OCT 13 PH 1:00 PROS ON THE MOVE, INC. ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1751 SW 188TH STREET 1751 SW 188TH STREET NEWBERRY, FL 32669 NEWBERRY, FL 32669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 Chg-P CR2E034 (12/06) 4. FEI Number 30-0455176 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REILLY, TOM Street Address (P.O. Box Number is Not Acceptable) 1741 SW 188TH STREET NEWBERRY, FL 32669 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, typed or printed name of registered agent and side if applicable. (NOTE: Repistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition REILLY, TOM NAME NAME 1741 SW 188TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-SI-NP TITLE Oelete ☐ Change ☐ Addition REILLY, TRICIA NAME NAME **1741 SW 188TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY - ST-ZIF TITLE ☐ Delete Change Addition HAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-\$1-DP IITLE Delete TITLE ☐ Chance [ ] Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TIFLE Oelete III ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-20P 11T1 F Delate DUE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained in Chapter 119, Floride Statutes. I further certify that the information indicated on this report or supplemental, eport is true and eccurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusfee improvement 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytima Phone #

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## Federal Accountants and Consultants, Inc.

**Enrolled to Practice Before The Internal Revenue Service** 

Joseph E. Black, EA J. Edward Black II. EA

Kelsea C. Black, Firm Manager E-mail fatc@federalaccountants.com 40115752

3706 NW 43rd Street Gainesville, FI 32606 Phone (352) 378-5552 Fax (352) 371-6767

September 11, 2008

Florida Dept of State Divisions of Corporations PO Box 1500 Tallahassee, FI 32302-1500

RE: Corporation Renewal Feé #P07000135639 Pros on the Move, Inc.

To Whom It May Concern:

Please find enclosed the 2008 For Profit Corporation Annual Report paperwork and check for \$150.00. We ask that you abate any penalties that have been accrued to this corporation. My client just set up this corporation last year. They did not know or understand that it had to be renewed every year, and that there would be a fee for doing so. This being their first official year in business we ask that any penalties be waived for this year.

We thank you for your understanding and cooperation in this matter. If you have any questions, or need further information, please let us know.

Sincerely.

ົ່ງ. Edward Black II, EA

**Enrolled Agent**