




FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000081017		Secretary of State	
1. Entity Name ASSOCIATED EARTH MOVERS, INC.			
Principal Place of Business 7454 W MISS MAGGIE DR HOUSE HOMOSSASA, FL 34448		Mailing Address 7454 W MISS MAGGIE DR HOUSE HOMOSSASA, FL 34448	
DO NOT WRITE IN THIS SPACE			
		04082005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0539262	
		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			
DEAN, LESLIE F 7454 W MISS MAGGIE DR HOUSE HOMOSSASA, FL 34448		DO NOT WRITE IN THIS SPACE	
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, 2005 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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		P DEAN, LESLIE F 7454 W MISS MAGGIE DR HOMOSSASA, FL 34448	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.			
SIGNATURE 		4-11-05 352382 7846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	