


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90032 048 ***150.00

DOCUMENT # P95000012866		
1. Entity Name ATLANTIC MOVING SERVICES, INC.		

Principal Place of Business 440 NW MARKET PLACE PORT SAINT LUCIE, FL 34986	Mailing Address 440 NW MARKET PLACE PORT SAINT LUCIE, FL 34986
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44006234

2. Principal Place of Business 440 NW Market Place	3. Mailing Address 440 NW Market Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State Port Saint Lucie, FL	City & State Port Saint Lucie, FL
Zip 34986	Country St. Lucie
Country St. Lucie	Zip 34986

4. FEI Number 65-0559484	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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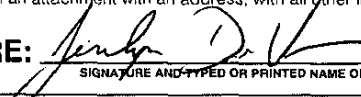
6. Name and Address of Current Registered Agent DEVRIES, JERILYN 1566 NIEMEYER CIR. PT. ST. LUCIE, FL 34952	
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7. Name and Address of New Registered Agent DeVries, Jerilyn Street Address (P.O. Box Number is Not Acceptable) 1336 SW Cottonwood Cove City Port Saint Lucie FL 34986	
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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 	Jerilyn DeVries <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVRIES, JERILYN 1593 VILLAGE GREEN DR., # 4 PT. ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeVries, Jerilyn 1336 Sw Cottonwood Cove Port Saint Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DeVries, Ronald 1336 SW Cottonwood Cove Port Saint Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Jerilyn DeVries <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	772-878-8884 <small>Date Daytime Phone #</small>