


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P95000012866 1. Entity Name ATLANTIC MOVING SERVICES, INC. |  |
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|--|--|
| Principal Place of Business 440 NW MARKET PLACE PORT SAINT LUCIE, FL 34986 | Mailing Address 440 NW MARKET PLACE PORT SAINT LUCIE, FL 34986 |
|--|--|



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0559484 | 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

**DO NOT WRITE
IN THIS SPACE**

DEVRIES, JERILYN
1336 SW COTTONWOOD COVE
PORT SAINT LUCIE, FL 34986

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 title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

1100000309244
04/16/05-80029-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEVRIES, JERILYN 1336 SW COTTONWOOD COVE PORT SAINT LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS DEVRIES, RONALD 1336 SW COTTONWOOD COVE PORT SAINT LUCIE, FL 34986 |
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IN THIS SPACE**

12. 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 (772) 878-8884
Date Daytime Phone #