2007 FOR PROFIT CORPORATION

CITY-ST-7/P

Secretary of State ANNUAL REPORT 03-16-2007 90027 003 ***150.00 **DOCUMENT # P96000019185** NIGHT MOVES OF JACKSONVILLE, INC. £4410004 Principal Place of Business Mailing Address 11339 OAK LANDING DR 11339 OAK LANDING DR JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3364679 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMP, RICHARD CPA Street Address (P.O. Box Number is Not Acceptable) 6811 SOUTHPOINT PKWY. JACKSONVILLE, FL 32216 ·City 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. Lam 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 whon reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition RUEN, TIMOTHY M NAME NAME 11339 OAK LANDING DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14,2000 904-645-1743
Daytime Phone #

FILED Mar 16, 2007 8:00 am



Florida Profit

NIGHT MOVES OF JACKSONVILLE, INC.

PRINCIPAL ADDRESS 11339 OAK LANDING DR JACKSONVILLE FL 32225 Changed 03/03/2005

MAILING ADDRESS 11339 OAK LANDING DR JACKSONVILLE FL 32225 Changed 03/03/2005

Document Number P96000019185

> State FL

FEI Number 593364679

Status ACTIVE **Date Filed** 02/29/1996

Effective Date NONE

Registered Agent

Name & Address	
CAMP, RICHARD CPA 6811 SOUTHPOINT PKWY. #2201 JACKSONVILLE FL 32216	
Name Changed: 05/09/2000	
Address Changed: 02/02/2006	

Officer/Director Detail

Name & Address	Title
RUEN, TIMOTHY M 11339 OAK LANDING DR	P
JACKSONVILLE FL 32225	

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No Events
No Name History Information

Document Images

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02/28/2004 -- ANN REP/UNIFORM BUS REP

02/04/2003 -- COR - ANN REP/UNIFORM BUS REP

04/16/2001 -- ANN REP/UNIFORM BUS REP

05/09/2000 -- ANN REP/UNIFORM BUS REP

04/20/1999 -- ANNUAL REPORT

10/01/1998 -- ANNUAL REPORT

04/22/1997 -- ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



