

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042826

FILED
Mar 16, 2004
Secretary of State

Entity Name: MOVE OVER, INC.

Current Principal Place of Business:

502 S. SEMINOLE STREET
MINNEOLA, F 34755 US

New Principal Place of Business:

301 N HWY 27 SUITE C
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 121155
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3379483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILPATRICK, KELLEY
502 S. SEMINOLE STREET
MINNEOLA, FL 34755

Name and Address of New Registered Agent:

KILPATRICK, KELLEY
301 N HWY 27 SUITE C
CLERMONT, FL 34711

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.

SIGNATURE: KELLEY KILPATRICK

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACEK, MARK
Address: PO BOX 121155
City-St-Zip: CLERMONT, FL 34712

Title: P () Delete
Name: LACEK, DEBRA
Address: PO BOX 121155
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: KILPATRICK, JOHN W
Address: PO BOX 121155
City-St-Zip: CLERMONT, FL 34712

Title: VPST () Delete
Name: KILPATRICK, KELLEY
Address: PO BOX 121155
City-St-Zip: CLERMONT, FL 34712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA LACEK

P

03/16/2004

Electronic Signature of Signing Officer or Director

Date