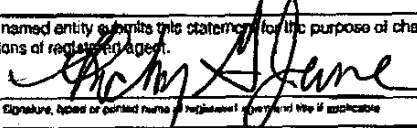
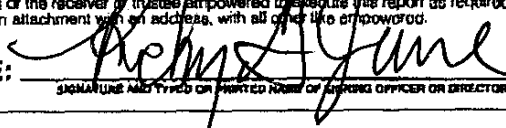


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90445 026 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

14016475

DOCUMENT # P96000100013			
1. Entity Name A FURNITURE MOVING AND WAREHOUSE SERVICE, INC.			
Principal Place of Business 1401-B RAIL HEAD BLVD. NAPLES, FL 34110 US		Mailing Address 1401-B RAIL HEAD BLVD. NAPLES, FL 34110 US	
2. Principal Place of Business 72 Pebble Beach Blvd		3. Mailing Address 72 Pebble Beach Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34113		Zip 34113	
County Collier		County Collier	
4. FEI Number 59-3412579		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUNE, RICKY G 14013 RAILHEAD BLVD 1401B NAPLES, FL 34110		7. Name and Address of New Registered Agent Ricky G June 72 Pebble Beach Blvd NAPLES FL 34113	
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 		DATE 5-1-04	
Signature, typed or printed name of registered agent and the if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUNE, RICKY G 1401-B RAILHEAD BLVD NAPLES, FL 34110 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricky G June 72 Pebble Beach Blvd NAPLES FL 34113 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 5104 239 793 4723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date	