


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90001 039 \*\*\*150.00

DOCUMENT # P97000025219	
1. Entity Name O'LAKE'S MOVING, INC.	

Principal Place of Business 5600 A AIRPORT BOULEVARD TAMPA, FL 33634 US	Mailing Address 5600 A AIRPORT BOULEVARD TAMPA, FL 33634 US
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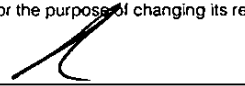
07132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3445754	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 O'LAKE, DANIEL 1313 W ARCTIC ST TAMPA, FL 33604 <i>11319 SAGAMORE ST SPRING HILL, FL 34609</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  DATE *7-19-06*

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'LAKE, DANIEL <i>11319 SAGAMORE ST SPRING HILL, FL 34609</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Ken Nelson <i>8420 WOODLAKE DR TPA, FL 33615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treas. Roberta DeSanJorge <i>6206 S. Adelia Ave Tampa, FL 33616</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-19-06* *813-249-6683*  
Date Daytime Phone #