2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# P97000077399

Entity Name: PRO MOVING, INC.

Current Principal Place of Business:

2655 FAIRFIELD AVE SOUTH
ST PETERSBURG, FL 337121664

New Principal Place of Business:

Current Mailing Address:

2655 FAIRFIELD AVE SOUTH
ST PETERSBURG, FL 337121664

New Mailing Address:

FEI Number: 59-3476053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'NEILL, JAMES W
2120 52ND ST S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHIPLEY, MICHAEL
Address: 2655 FAIRFIELD AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete
Name: SKINNER, AARON
Address: 2655 FAIRFIELD AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete
Name: WELSH, FRANCIS
Address: 2655 FAIRFIELD AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete
Name: SKINNER, JUSTIN
Address: 2655 FAIRFIELD AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

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 exemption stated 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 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: MICHAEL SHIPLEY OPS 07/14/2008

Electronic Signature of Signing Officer or Director Date