


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000099876

1. Entity Name
ALL MY SONS MOVING AND STORAGE OF FT. MYERS, INC.



Principal Place of Business
13080 METRO PKWY
FT MYERS, FL 33912 US

Mailing Address
472 HOLIDAY DR.
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0796396 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBBERLY, LINDA
472 HOLIDAY DR.
HALLANDALE, FL 33009

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, JOHN
STREET ADDRESS	479 CORBEL DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VPD
NAME	HOYOS, BETTY
STREET ADDRESS	472 HOLIDAY DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DS
NAME	DUBBERLY, LINDA
STREET ADDRESS	472 HOLIDAY DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	BROWN, MARY
STREET ADDRESS	479 CORBEL DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/05-80012-023 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Dubberly D.S. Date: 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #