

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099876

FILED  
Mar 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

13080 METRO PKWY  
FT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

472 HOLIDAY DR.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0796396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBBERLY, LINDA  
472 HOLIDAY DR.  
HALLANDALE, FL 33009 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: P ( ) Delete  
Name: BROWN, JOHN  
Address: 479 CORBEL DR  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: HOYOS, BETTY  
Address: 472 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: DS ( ) Delete  
Name: DUBBERLY, LINDA  
Address: 472 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: T ( ) Delete  
Name: BROWN, MARY  
Address: 479 CORBEL DR  
City-St-Zip: NAPLES, FL 34110

**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: BETTY HOYOS

DVP

03/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date