

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099876

FILED
Apr 27, 2009
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:

14660 JETPORT LOOP
SUITE 9
FT MYERS, FL 33913 US

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: SD (X) Change () Addition
Name: DUBBERLY, LINDA
Address: 472 HOLIDAY DRIVE
City-St-Zip: HALLANDALE, FL 33009

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, VPD

VPD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date