

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 26, 2006  
Secretary of State**

DOCUMENT# P97000103321

Entity Name: ALL FLORIDA MOVING, INC.

**Current Principal Place of Business:**

2170 KEARNEY AVENUE  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

2170 KEARNEY AVENUE  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 59-3437155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BIGICA, JOHN P  
2170 KEARNEY AVENUE  
NAPLES, FL 34117    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: BIGICA, JOHN P  
Address: 2170 KEARNEY AVENUE  
City-St-Zip: NAPLES, FL 34117

Title: VP ( ) Delete  
Name: BIGICA, DOREEN  
Address: 2319 19TH ST SW  
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete  
Name: BIGICA, JOHN A  
Address: 2170 KEARNEY AVENUE  
City-St-Zip: NAPLES, FL 34117

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P BIGICA

P

03/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date