

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000106724

1. Entity Name
SUNSET MOVING & STORAGE, INC.



Principal Place of Business
**121 US HIGHWAY 1
ST 105
KEY WEST, FL 33040**

Mailing Address
**1701 GREEN ROAD
SUITE F
POMPANO BEACH, FL 33064**



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0801546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIS, JUDITH
2751-2 EAST ARAGON BLVD.
FORT LAUDERDALE, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLIS, JUDITH A
STREET ADDRESS	2751-2 EAST ARAGON BLVD
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	ST
NAME	ELLIS, GARY W.
STREET ADDRESS	2751-2 EAST ARAGON BLVD
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	VP
NAME	HABICHT, EDWARD H.
STREET ADDRESS	5022 PRAIRIE DUNES VILLAGE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000022660
01/30/04-80053-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judith A. Ellis - JUDITH A. ELLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 954-484-5088

Date

Daytime Phone #