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May 16, 2005 8:00 am
Secretary of State
05-16-2005 90457 001 ***300.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000055937

1. Entity Name
LATERAL MOVERS, INC.

Principal Place of Business	Mailing Address
965 NOB HILL ROAD PLANTATION, FL 33324	965 NOB HILL ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

06062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0927872
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, TONY LEE
965 NOB HILL ROAD
PLANTATION, FL 33324

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

FILE NOW!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	FREEMAN, TONY LEE
STREET ADDRESS	965 NOB HILL ROAD
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Tony Freeman Tony Freeman 5/10/05 9548333984
1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #