


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 039 ***150.00

DOCUMENT # P99000094807					
1. Entity Name SHERIDAN MOVING, INC.					
Principal Place of Business P.O. BOX 150961 ALTAMONTE SPRINGS, FL 32715			Mailing Address 1803 CROWN WAY ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8309 Cameo Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando		4. FEI Number 59-3605831	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32810	USA	32810	USA		
6. Name and Address of Current Registered Agent STANFORD, JERRY L 1803 CROWN WAY ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Paula Stein Street Address (P.O. Box Number is Not Acceptable) 8309 Cameo Way City Orlando FL Zip Code 32810		
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 Paula Stein (NOTE: Registered Agent signature required when reinstating) DATE 3-8-08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERIDAN, PHILIP E P O BOX 150961 ALTAMONTE SPRINGS, FL 32715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANFORD, JERRY L 1803 CROWN WAY ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paula Stein 8309 Cameo Way Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paula Stein SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-8-08		Daytime Phone # 407-247-3958