2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 8:00 am Secretary of State DOCUMENT # V09625 1. Entity Name 02-19-2004 90080 001 ***450 00 ACCURATE DELIVERY AND MOVING, INC. Principal Place of Business Mailing Address PO BOX 2645 WINTER PARK FL 32790-2645 3804 N ORANGE BLOSSOM TRAIL ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 59-3113572 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINDHAM, WILMA S. Street Address (P.O. Box Number is Not Acceptable) 657 BALMORAL RD WINTER PARK FL 32789 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Change ☐ Addition Delete TITLE WINDHAM, ROGER A., JR NAME NAME 1833 MAYWOOD RD STREET ADDRESS STREET ADDRESS WINTER PARK FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE WINDHAM, WILMA S. STREET ADDRESS 657 BALMORAL RD STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WINDHAM, R. ALAN. NAME. STREET ADDRESS STREET ADDRESS 657 BALMORAL ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

R. ALAN WINDHAM E AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

☐ Change

■ Addition

FILED