

FILED
Feb 18, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V09625 1. Entity Name ACCURATE DELIVERY AND MOVING, INC.			
Principal Place of Business 3804 N ORANGE BLOSSOM TRAIL UNIT F16 ORLANDO, FL 32804 US		Mailing Address PO BOX 2645 WINTER PARK, FL 32790-2645 US	
DO NOT WRITE IN THIS SPACE			
		02162005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3113572	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINDHAM, WILMA S. 657 BALMORAL RD WINTER PARK, FL 32789		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 0000000735257 02/18/05-00053-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WINDHAM, WILMA S. 657 BALMORAL RD WINTER PARK, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WINDHAM, R. ALAN 657 BALMORAL ROAD WINTER PARK, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Wilma S. Windham</u> <u>Wilma S. Windham</u> <u>2-16-05</u> <u>407-297-0861</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dispute Phone #			