

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 24, 2006 08:00 AM  
Secretary of State

**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**

000000447216  
03/08/06-80038-024 150.00



01212006 No Chg-P CR2E034 (11/05)

4. FE Number  
**59-3113572** ☐ Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**WINDHAM, WILMA S.  
657 BALMORAL RD  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

7. 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 date of registration.

(NOTE: Registered Agent signature required when changing.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$650.00**

8. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*R. Alan Windham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/06 (407) 297-0866*