2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V54979

1. Entity Name
MOVACO INC.

Principal Place of Business	Mailing Address
5726 CORTEZ RD W BRADENTON, FL 34210 US	P.O. BOX 14819 BRADENTON, FL 34280-4819 US

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0339434	Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, LISA
5726 CORTEZ RD W
BRADENTON, FL 34210

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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_____

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	
TITLE	P	
NAME	PABST, ROBERT	
STREET ADDRESS	5726 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	V	
NAME	EDWARDS, LISA	
STREET ADDRESS	5726 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON, FL	
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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05/03/05-80094-025 150.00

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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: _____ LISA M EDWARDS   4/2/05   7417JD878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #