

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59069

FILED
Apr 13, 2005
Secretary of State

Entity Name: SUDDATH RELOCATION SYSTEMS OF BOCA RATON, INC.

Current Principal Place of Business:

815 S. MAIN STREET
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

1400 SW 6TH CT, SUITE F
POMPAÑO BEACH, FL 33069 US

Current Mailing Address:

815 SOUTH MAIN STREET
6TH FLOOR
JACKSONVILLE, FL 32207 US

New Mailing Address:

815 SOUTH MAIN STREET, 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207 US

FEI Number: 65-0396796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: VAUGHN, BARRY S
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: STRICKLAND, BARBARA S
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: C/D () Delete
Name: SUDDATH, STEPHEN M
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFOD () Delete
Name: BARNETT, JAMES G
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: COBB, JULIE
Address: 1400 SW 6TH COURT, SUITE F
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: COO () Delete
Name: DEMONT, MICHAEL E
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G BARNETT

CFOD

04/13/2005

Electronic Signature of Signing Officer or Director

Date