


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90360 019 ***150.00

DOCUMENT # 655245
 1. Entity Name
DAYTONA MOVING & STORAGE, INC.



Principal Place of Business: **1640 MASON AVENUE DAYTONA BEACH, FL 32117-4547**
 Mailing Address: **1640 MASON AVENUE DAYTONA BEACH, FL 32117-4547**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 9550
 Suite, Apt. #, etc.

City & State: **DAYTONA BCH, FL**

Zip: **32120** Country: **FLORIDA**

3000



04142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
BARNES, DAVID H
1640 MASON AVENUE
DAYTONA BEACH, FL 32117

4. FEI Number: **59-1965439**
 Applied For: Not Applicable:

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

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEGEAL, MARK	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMLIN, KENDALL W	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 32117	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH, FL 32117	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HART, BRUCE P	
STREET ADDRESS	1640 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David H Barnes **4/23/08** **386-274-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #