

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747118

FILED
Jan 13, 2004
Secretary of State**Entity Name:** FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**335 BEARD STREET
TALLAHASSEE, FL 32303 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 14629
TALLAHASSEE, FL 323174629 US**New Mailing Address:****FEI Number:** 59-1915268**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERNAY-GONZALES, KELLY
Address: 5674 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL

Title: VD () Delete
Name: FLINN, JEREMY
Address: 3427 PROGRESS AVE.
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: CLEGG, VIRGIL
Address: 266 GROVE STREET SOUTH
City-St-Zip: VENICE, FL

Title: SD () Delete
Name: BROWN, TIM
Address: 1900 OLD OKEECHOBEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ARNOFF, MARK
Address: 3620 S FEDERAL HWY
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: PIERCE, GREG
Address: 7576 BROKERAGE DR.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VERNAY-GONZALES, KELLY
Address: 5674 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL

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

Title: TD (X) Change () Addition
Name: DUNCAN, JIM
Address: 1117 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CD (X) Change () Addition
Name: BROWN, TIM
Address: 1900 OLD OKEECHOBEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM BROWN

C

01/13/2004

Electronic Signature of Signing Officer or Director

Date