

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002423

FILED
Aug 17, 2007
Secretary of State

Entity Name: LIFE FAMILY MOVING & STORAGE, INC.

Current Principal Place of Business:

8040 E 11TH ST
INDIANAPOLIS, IN 46219

New Principal Place of Business:

848 BLOUNTSTOWN HWY #G
TALLAHASSEE, FL 32304

Current Mailing Address:

8040 E 11TH ST
INDIANAPOLIS, IN 46219

New Mailing Address:

848 BLOUNTSTOWN HWY #G
TALLAHASSEE, FL 32304

FEI Number: 20-4274946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES
1540 GLENWAY DR
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: PAPAIOANOU, ANASTASIOS
Address: 8040 E 11TH ST
City-St-Zip: INDIANAPOLIS, IN 46219

Title: VC () Delete
Name: MOURATIDIS, THISEAS
Address: 8040 E 11TH ST
City-St-Zip: INDIANAPOLIS, IN 46219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: MOURATIDIS, THISEAS
Address: 848 BLOUNTSTOWN HWY #G
City-St-Zip: TALLAHASSEE, FL 32304

Title: VC (X) Change () Addition
Name: PAPAIOANNOU, IOANNIS
Address: 848 BLOUNTSTOWN HWY #G
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THISEAS MOURATIDIS

CPS

08/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date