


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005367**

1. Entity Name  
**COLEMAN AMERICAN MOVING SERVICES, INC.**



Principal Place of Business <b>P.O. BOX 960          MIDLAND CITY, AL 36350</b>	Mailing Address <b>P.O. BOX 960          MIDLAND CITY, AL 36350</b>
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02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0419836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAKEFIELD, WILLIAM L  
 2200 EAST 13TH STREET  
 PANAMA CITY, FL 32402**

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

1100000246088  
 02/28/05-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAKEFIELD, WILLIAM L 1 COVAN DR MIDLAND CITY, AL 36350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COLEMAN, JEFFREY F 1 COVAN DRIVE MIDLAND CITY, AL 36350
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**DO NOT WRITE IN THIS SPACE**

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 empowers.

**SIGNATURE:**  **Jeffrey Coleman** 2/22/05 334-983-6505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #