


**2006 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005367**

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



Principal Place of Business      Mailing Address

**P.O. BOX 960**      **P.O. BOX 960**  
**MIDLAND CITY, AL 36350**      **MIDLAND CITY, AL 36350**

**DO NOT WRITE IN THIS SPACE**



02232006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**63-0419836**       Not Applicable

5. Certificate of Status Desired       **\$8.75 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000448393  
 03/09/06-80011-015 150.00

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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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:  **William Brakefield**    2/23/06    334-983-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #