

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # G93444

1. Entity Name  
WERNER-DONALDSON MOVING SERVICES, INC.



Principal Place of Business  
1125 ELDRIDGE ST.  
P.O. BOX 1607  
CLEARWATER, FL 34617-8607

Mailing Address  
1125 ELDRIDGE ST.  
P.O. BOX 1607  
CLEARWATER, FL 34617-8607



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2390025

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SEIBERT, THOMAS J.  
1125 ELDRIDGE ST.  
CLEARWATER, FL 33755

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
SEIBERT, THOMAS G.  
1125 ELDRIDGE ST  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
SEIBERT, THOMAS J.  
824 CRYSTAL DRIVE  
PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
DEROY, LEO  
1567 COASTAL PLACE  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPS  
SEIBERT, KENNETH J  
2257 LAGOON DR.  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 empowered.

SIGNATURE: Leo Dero LEO DEROY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

(813) 886-8110

Daytime Phone #