


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J68912 1. Entity Name TARRELL MOVING & STORAGE, INC.	
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FILED

06 APR 21 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1111 NORWOOD AVE TITUSVILLE, FL 32796 US	Mailing Address 1111 NORWOOD AVE TITUSVILLE, FL 32796 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2805670
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country



04112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent TARRELL, JEFFREY R 1111 NORWOOD AVE TITUSVILLE, FL 32796	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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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: 4/10/06

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP TARRELL, CAROL A.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3691 SAWGRASS DRIVE	NAME	
STREET ADDRESS	TITUSVILLE, FL 32780	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	P TARRELL, JEFFREY R.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4890 ST GEORGE	NAME	
STREET ADDRESS	TITUSVILLE, FL 32780	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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:  DATE: 4/10/06 DAYTIME PHONE #: 321-267-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR