2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 08:00 AM Secretary of State

ANNOAL NEFONI				Secretary of Sta			
DOCUMENT # P98000089730 1. Entity Name SPECIALTY MOVING & STORAGE, INC.						occi cta	
SPECIAL	TY WOVING & STORAGE, IN	C .					
Principal Plac	e of Business	Mailing Address]			
4490 34TH	STREET	P O BOX 1238					
BLDG C		WINTER PARK, FL 32790					
Orlando, F	L 32811			1 10001000111	1 (8)31 (8)11 RB(11 88)1 RB(1		
DO NOT WRITE IN THIS SPA			^E	01162008	No Chg-P	CR2E034 (11	1/05)
ב	O NOI WKIIE	IIV I IIIO OFA	CE	4. FEt Numb 59-353			Applied For Not Applicable
	,	•				¢0.7	
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent]				
BOWERMAN, REGINA C			,	D0	NOT W	L/III	
935 GAMEWELL AVENUE				DU	NOT W	KIIE	
MAITLAND, FL 32751				IN .	THIS SP	ACE	
				11.4		AUL	
		•				•	
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE_							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registeri	ed Agent signature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIE	RECTORS				•	
TITLE	DP						
NAME	BOWERMAN, REGINA C						
STREET ADDRESS	935 GAMEWELL AVENUE			•			
CITY-ST-ZIP	MAITLAND, FL 32751		- !	1	:		
TITLE							
NAME STREET ADDRESS		•			Hanana	818307	
CITY-ST-ZIP						80037-002	150.00
TITLE			1				
NAME							
STREET ADDRESS			1	DO	NOT W	DITE	
	ı				INLIE WW		

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 exprovered 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/08 407-649-9388

IN THIS SPACE

Daytima Phone #