

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747118

FILED  
May 24, 2006  
Secretary of State

**Entity Name:** FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14629  
TALLAHASSEE, FL 323174629 US

**New Mailing Address:**

**FEI Number:** 59-1915268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SKROB, ROBERT  
335 BEARD ST  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: NEWITT, ANDY  
Address: PO BOX 1192  
City-St-Zip: JUPITER, FL 33468 11

Title: VD ( ) Delete  
Name: FLINN, JEREMY  
Address: 3427 PROGRESS AVE.  
City-St-Zip: NAPLES, FL

Title: TD ( ) Delete  
Name: DUNCAN, JIM  
Address: 1117 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: CD ( ) Delete  
Name: BROWN, TIM  
Address: 1900 OLD OKEECHOBEE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: ARNOFF, MARC  
Address: 3620 S FEDERAL HWY  
City-St-Zip: FT PIERCE, FL

Title: D ( ) Delete  
Name: MYERS, JIM  
Address: 815 SOUTH MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB MILLER

MR.

05/24/2006

Electronic Signature of Signing Officer or Director

Date