2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# 747118

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 ( )**

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: ANDY NEWITT SD 04/13/2007

Electronic Signature of Signing Officer or Director — Date