2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOC DATE 013104
VENDOR # 24601
AMOUNT $ 150.00
DUE DATE 04/30/04
JOB # 013104-378056
DESCR. annual corp filing fee
ICC # 8495

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 378056

1. Entity Name
A-1 MOVING AND STORAGE CO.

Principal Place of Business	Mailing Address
722 N KRAFT AVE PANAMA CITY, FL 32401	722 N KRAFT AVE PANAMA CITY, FL 32401

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1316616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANZEY, BYRON A.
722 N KRAFT AVENUE
PANAMA CITY, FL 32401

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000111452
04/13/04 00017-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANZEY, BYRON A.
STREET ADDRESS	722 N.KRAFT AVE.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	SD
NAME	DANZEY, THERESA M PAUL
STREET ADDRESS	722 N KRAFT AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Byron A Danzey Feb 2 '04 850-785-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #