


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90051 008 ***150.00

DOCUMENT # 379196

1. Entity Name
 GRAEBEL/TAMPA BAY MOVERS, INC.



Principal Place of Business
 5250 EAGLE TRAIL DR.
 TAMPA, FL 33614 US

Mailing Address
 5250 EAGLE TRAIL DR.
 TAMPA, FL 33614 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country
 33634 33634



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-1321351

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONGENECKER, ROBERT
 5250 EAGLE TRAIL DR.
 TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name
 Smith, Lynn A.

Street Address (P.O. Box Number is Not Acceptable)
 5250 Eagle Trail Drive

5250 Eagle Trail Drive

City Tampa FL Zip Code 33634

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: *Lynn A. Smith* Lynn A. Smith Controller 1/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C/D	Delete
NAME: GRAEBEL, DAVID W STREET ADDRESS: 16346 EAST AIRPORT CIRCLE CITY-ST-ZIP: AURORA, CO 80011	<input type="checkbox"/>	<input type="checkbox"/>
NAME: WARE, G. LANE STREET ADDRESS: 500 THIRD ST. STE. 700 CITY-ST-ZIP: WAUSAU, WI, WI 54403	<input type="checkbox"/>	<input type="checkbox"/>
NAME: GRAEBEL, WILLIAM H STREET ADDRESS: 16346 EAST AIRPORT CIRCLE CITY-ST-ZIP: AURORA, CO 80011	<input type="checkbox"/>	<input type="checkbox"/>
NAME: GRAEBEL, BENJAMIN D STREET ADDRESS: 16346 EAST AIRPORT CIRCLE CITY-ST-ZIP: AURORA, CO 80011	<input type="checkbox"/>	<input type="checkbox"/>
NAME: SILER, BRADLEY STREET ADDRESS: 16346 EAST AIRPORT CIRCLE CITY-ST-ZIP: AURORA, CO 80011	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>

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: *Bradley Siler* Bradley Siler 1/26/06 (303)214-6668
Signature and typed or printed name of signing officer or director Date Odaytime Phone #