

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 404337

FILED
Jan 20, 2004
Secretary of State

Entity Name: TREDWAY'S MOVING & STORAGE, INC.

Current Principal Place of Business:

P.O.BOX 9550
1640 MASON AVE
DAYTONA BEACH, FL 32120

New Principal Place of Business:

1640 MASON AVE
DAYTONA BEACH, FL 32120

Current Mailing Address:

P.O.BOX 9550
1640 MASON AVE
DAYTONA BEACH, FL 32120

New Mailing Address:

1640 MASON AVE
DAYTONA BEACH, FL 32120

FEI Number: 59-1402966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, KENDALL W.
1640 MASON AVE.
DAYTONA BEACH, FL 32117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOZIER, AIDEN W JR
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BCH, FL

Title: D () Delete
Name: SEIBERT, STEVE
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: SINGLETARY, C W
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL

Title: VP (X) Delete
Name: HART, BRUCE
Address: 1640 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ST (X) Delete
Name: STULL, BRIAN
Address: 1640 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: PD (X) Delete
Name: KENDALL W HAMLIN,
Address: 1640 MASON AVE
City-St-Zip: DAYTONA BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAMLIN, KENDELL W
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BCH, FL 32117

Title: VPD (X) Change () Addition
Name: HART, BRUCE P
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ST (X) Change () Addition
Name: STULL, BRIAN E
Address: 1640 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDELL W. HAMLIN

PD

01/20/2004

Electronic Signature of Signing Officer or Director

Date