

2005 FOR PROFIT CORPORATION ANNUAL REPORT


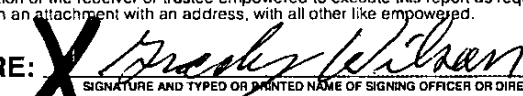
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Jan 24, 2005 8:00 am
Secretary of State

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # 438177					
1. Entity Name FERRISS MOVING & STORAGE CO., INC.					
Principal Place of Business 3783 N. PALAFOX STREET PENSACOLA, FL 32505		Mailing Address 3783 N. PALAFOX STREET PENSACOLA, FL 32505			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1608043	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, (GRADY L) SR 3783 N. PALAFOX STREET PENSACOLA, FL 32505			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, GRADY, L, JR.		NAME		
STREET ADDRESS	12553 POLONIOUS PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, CATHERINE		NAME		
STREET ADDRESS	14610 MULLET LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, GARY		NAME		
STREET ADDRESS	122730 COUNTY RD. 62		STREET ADDRESS		
CITY-ST-ZIP	ROBERTSDALE, AL 00000,		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, GRADY L SR		NAME		
STREET ADDRESS	14610 MULLET LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEFORE, BRENDA		NAME		
STREET ADDRESS	23002-A DIAMOND "W" ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROBERTSDALE, AL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPARKS, MARGARET		NAME		
STREET ADDRESS	5512 EMPIRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000,		CITY-ST-ZIP		
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: 		01/19/05		(850) 433-2127	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	