

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1608043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, (GRADY L) SR
3783 N. PALAFOX STREET
PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME WILSON, GRADY, L, JR.
STREET ADDRESS 12553 POLONIOUS PARKWAY
CITY - ST - ZIP PENSACOLA, FL

TITLE D
NAME WILSON, CATHERINE
STREET ADDRESS 14610 MULLET LANE
CITY - ST - ZIP PENSACOLA, FL

TITLE VD
NAME WILSON, GARY
STREET ADDRESS 122730 COUNTY RD. 62
CITY - ST - ZIP ROBERTSDALE, AL 00000,

TITLE PD
NAME WILSON, GRADY L SR
STREET ADDRESS 14610 MULLET LANE
CITY - ST - ZIP PENSACOLA, FL

TITLE D
NAME DEFORE, BRENDA
STREET ADDRESS 23002-A DIAMOND "W" ROAD
CITY - ST - ZIP ROBERTSDALE, AL

TITLE S
NAME SPARKS, MARGARET
STREET ADDRESS 5512 EMPIRE DRIVE
CITY - ST - ZIP PENSACOLA, FL 00000,

000000387250
01/19/06-80031-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Grady L Wilson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 850
433-2127