
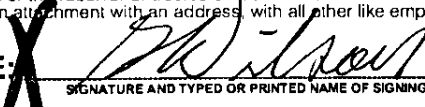


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 045 ***150.00

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 - No P.O. Box #		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 WILSON, (GRADY L) SR 3783 N. PALAFOX STREET PENSACOLA, FL 32505			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 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 		Date 2/20/08		Daytime Phone # 850-433-2127	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					