## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Filed Filed Feb 22, 2007 08

	ANNUAL	REPORT	red 22, 2007 U8:00 A				
DOCUMENT # 523684  1. Entity Name J. & J. MOVING & STORAGE, INC.				Secretary of Sta			
Principal Place 1101 W KENN ORLANDO, FL	NEDY BLVD,	Mailing Address 1101 W KENNEDY BLVD. ORLANDO, FL 32810		 			
D	O NOT WRITE	IN THIS SPA	ÇE	02192007 4. FEI Numb 59-171	No Chg-P		
***************************************	6. Name and Address of Current Re		·	5. Certilicate	of Status Desired Fee Required		
BERGENSH 1101 W. KE ORLANDO,	ENNEDY BLVD.	- org sources FOT W KENNEDY BEVO FAT ALDO, FE 52010			NOT WRITE THIS SPACE		
the obligatio	named entity submits this statement for th ons of registered agent.		ed office or register	ed agent, or bo	th, in the State of Florida I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and t	itte il ripplicable (NOTE Registere	d Agent signature required	when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$550.00	9. Election Campaign Finar		00 May Be ed to Fees	•		
10.	OFFICERS AND DIF	RECTORS					
NAME STREET ADDRESS	PTD BERGENSKE, GARY 1101 W. KENNEDY BLVD. ORLANDO, FL	r dorna Aquat			Hononocascon		
NAME STREET ADDRESS	VSD BERGENSKE, ROSE 1101 W. KENNEDY BLVD. ORLANDO, FL	in the Mile Mile Me Mile and the Mile Me Mile and the Meleckanic			U00000644326 03/02/07-80038-008 150.00		
NAME STREET ADDRESS	D KIBLER, CARRIE 1101 W. KENNEDY BLVD. ORLANDO, FL 32810			DO	NOT WRITE		
NAME STREET ADDRESS	D TABER, LISA 1101 W. KENNEDY BLVD. ORLANDO, FL 32810	· · · · · · · · · · · · · · · · · · ·		IN THIS SPACE			
TITLE NAME		संबंधिक प्रकार का			<b>,</b>		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 truspe 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 accires, with all other like empowered.

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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAM BERGENSKE

407-875-0000

Daytime Phone #