

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 586081

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** A SUPERIOR MOVING & STORAGE, INC.

**Current Principal Place of Business:**

627 ANCHORS ST.  
FT. WALTON BCH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

627 ANCHORS ST.  
FT. WALTON BCH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 59-2145635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, WILLIAM D.  
627 ANCHORS ST.  
LB  
FT. WALTON BCH, FL 32548 US

**Name and Address of New Registered Agent:**

LYN M JENKINS  
627 ANCHORS ST.  
LB  
FT. WALTON BCH, FL 32548 US

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: LYN M JENKINS

01/22/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: JENKINS, WILLIAM D.  
Address: 627 ANCHORS ST  
City-St-Zip: FRT WALTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JENKINS, LYN M  
Address: 627 ANCHORS ST  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LYN M JENKINS

D

01/22/2007

Electronic Signature of Signing Officer or Director

Date