2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 680946

1. Entity Name
ARNOFF MOVING AND STORAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3620 S FEDERAL HWY FT PIERCE, FL 34982-6618	3620 S FEDERAL HWY FT PIERCE, FL 34982-6618

02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2044047
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOFF, MARC D.
3620 SOUTH FEDERAL HIGHWAY
FT PIERCE, FL 34982

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, my position as registered agent.

SIGNATURE _____ DATE
Signature of, and typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARNOFF, MARC D
STREET ADDRESS	3620 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	S
NAME	ARNOFF, PHYLLIS P
STREET ADDRESS	2157 ALLEN CREEK ROAD
CITY-ST-ZIP	W PALM BEACH, FL 33411
TITLE	CEO
NAME	ARNOFF, RICHARD A
STREET ADDRESS	2157 ALLEN CREEK ROAD
CITY-ST-ZIP	W PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000328656
04/25/05-80084-025 150.00

DO NOT WRITE IN THIS SPACE

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis P. Arnoff 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date