

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90057 001 \*\*\*300.00

**DOCUMENT # F21264**

1. Entity Name

INTERSTATE MOVING & STORAGE INC.



Principal Place of Business

1270 GROSE RD.  
FT PIERCE FL 34982

Mailing Address

1270 GROSE RD.  
FT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

1270 Grose Road

3. Mailing Address

1270 Grose Road

Suite, Apt. #, etc.

Ft Pierce, FL 34982

Suite, Apt. #, etc.

Ft Pierce, FL

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-2061324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROSE, F. E.  
1270 GROSE ROAD  
FT PIERCE FL 34982

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME GROSE, F E  
STREET ADDRESS 3700 ENTERPRISE ROAD  
CITY- ST- ZIP FT PIERCE, FL 00000

TITLE D ☐ Delete  
NAME GROSE, SHEYLA  
STREET ADDRESS 701 GEORGIA AVE  
CITY- ST- ZIP FT PIERCE, FL 0

TITLE D ☐ Delete  
NAME TYRUS P GROSE  
STREET ADDRESS 1270 GROSE ROAD  
CITY- ST- ZIP FT PIERCE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.3.7

772-464-3331