


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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	



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2061324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GROSE, F. E.
1270 GROSE ROAD
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 registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000913912

05/08/08-80034-014 300.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GROSE, F E
STREET ADDRESS	3700 ENTERPRISE ROAD
CITY - ST - ZIP	FT PIERCE, FL 00000,
TITLE	D
NAME	GROSE, SHEYLA
STREET ADDRESS	701 GEORGIA AVE
CITY - ST - ZIP	FT PIERCE, FL 0,
TITLE	D
NAME	TYRUS P GROSE
STREET ADDRESS	1270 GROSE ROAD
CITY - ST - ZIP	FT PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 772-464-3331
Date Daytime Phone #