

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Vendor: **FILED**
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F94000005365

1. Entity Name

COVAN WORLD-WIDE MOVING, INCORPORATED



Principal Place of Business

P.O. BOX 960
MIDLAND CITY AL 36350

Mailing Address

P.O. BOX 960
MIDLAND CITY AL 36350

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

#1 Covan Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 960

Suite, Apt. #, etc.

City & State

Midland City, AL

City & State

Midland City, AL

Zip

36350

Country

USA

Zip

36350

Country

USA

4. FEI Number

44-0589845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

COLEMAN, JAMES F
2200 EAST 13TH STREET
PANAMA CITY FL 32402

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's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 VST ☐ Delete
NAME COLEMAN, JEFFREY F
STREET ADDRESS #1 COVAN DRIVE
CITY-ST-ZIP MIDLAND CITY AL 36350

TITLE PD ☐ Delete
NAME BRAKEFIELD, WILLIAM L
STREET ADDRESS #1 COVAN DRIVE
CITY-ST-ZIP MIDLAND CITY AL 36350

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
U00000909278
05/06/08-80062-025 150.00

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

TITLE ☐ Change ☐ Addition
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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, and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.15.08

Date

334-983-6500

Day: Tel: Phone #