## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT (AR) **FILED** Mar 16, 2007 08:00 A Secretary of State DOCUMENT # J25219 1. Entity Name A-ABLE-KENNELLY MOVING & STORAGE COMPANY Principal Place of Business Mailing Address 3547 PARK STREET P.O. BOX 2731 JACKSONVILLE FL 32205 **ORANGE PARK FL 32067** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Cily & Stato City & State 4. FEI Number Applied For 59-2862882 Not Applicable Country Zin Country Zin \$8.75 Additional Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNELLY, JOSEPH G., III Street Address (P.O. Box Number is Not Acceptable) 3547 PARK STREET JACKSONVILLE FL 32205 City 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 punted name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HHE Delete THE Change Modilion ... KENNELLY, JOSEPH G., III NAME NAMI U00000668983 3547 OPARK STREET STREET ADDRESS STREET ADDRESS 03/27/07-80050-023 150.00 JACKSONVILLE FL 32205 CHY-SI-7IP CHY-SI-7IP ☐ Delete Change ☐ Addition THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7IP THU ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-SL-ZIP ☐ Addition Change HIII ☐ Delete NAM NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CHY-SI-7/P ☐ Change ☐ Delete ☐ Addilion THEF HITEF NAME NAME STREET ADDRESS STREET ADDRESS

12. I horeby certify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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.

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