

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 MAY 31 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292005 Chg-P CR2E034 (10/03)

DOCUMENT # J34635					
1. Entity Name A-PASCO MOVING & STORAGE INC.					
Principal Place of Business 936 E 124TH AVE TAMPA, FL 33612 US			Mailing Address 936 E 124TH AVE TAMPA, FL 33612 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2720519	
				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent BEDNAR, JOSEPH A JR 6439 WOODSMAN DR ZEPHYRHILLS, FL 33544				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 <i>Joseph A Bednar Jr</i> Signature, typed or printed name of registered agent and title if applicable.				DATE <i>5/24/05</i> DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, CHARLOTTE		NAME		
STREET ADDRESS	6439 WOODSMAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDNAR, JOSEPH A., JR.		NAME		
STREET ADDRESS	6439 WOODSMAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, SHEILA		NAME		
STREET ADDRESS	26234 BRAHMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDNAR, ERIC		NAME		
STREET ADDRESS	6439 WOODSMAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joseph A Bednar Jr</i>		DATE: <i>5/24/05</i>		DAYTIME PHONE: <i>813 977-5540</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
JOSEPH A. BEDNAR, JR					