

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J79571

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: OLD BAY MOVING AND STORAGE INC.

**Current Principal Place of Business:**

4837 ALLEN ROAD  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

4837 ALLEN ROAD  
ZEPHYRHILLS, FL 33541 US

**New Mailing Address:**

FEI Number: 59-2914955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARSHALL, LUCKY  
4837 ALLEN RD.  
ZEPHYRHILLS, FL 33541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARSHALL, ARVIN JR.,  
Address: 4837 ALLEN RD  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP ( ) Delete  
Name: MARSHALL, LUCKY  
Address: 4837 ALLEN RD  
City-St-Zip: ZEPHYRHILLS, FL 33541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIN MARSHALL JR

P

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date