## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K07978

FILED Jan 12, 2009 Secretary of State

Entity Name: A-ABLE TRANSFER & STORAGE COMPANY OF PENSACOLA, INC.

**Current Principal Place of Business: New Principal Place of Business:** % MARGARET R. SPARKS 3787 N. PALAFOX STREET PENSACOLA, FL 32505 **New Mailing Address: Current Mailing Address:** % MARGARET R. SPARKS 3787 N. PALAFOX STREET PENSACOLA, FL 32505 FEI Number: 59-2857684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPARKS, MARGARET R. 5512 EMPIRE DRIVE PENSACOLA, FL 32505 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition

Title:

Title: WILSON, CATHERINE, WILSON, CATHERINE, Name: Name: 14610 MULLET LANE 14610 MULLET LANE Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: PENSACOLA, FL 32505 Title: VD Title: VD (X) Change ( ) Addition () Delete Name: DEFOE, BRENDA. Name: DEFOE, BRENDA. 23002-A DIAMOND 23002-A DIAMOND Address: Address: City-St-Zip:

ROBERTSDALE, AL ROBERTSDALE, AL 32505 City-St-Zip:

Title: (X) Change ( ) Addition STD ( ) Delete STD

SPARKS, MARGARET, SPARKS, MARGARET, Name: Name: 5513 EMPIRE DRIVE 5513 EMPIRE DRIVE Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GRADY WILSON D 01/12/2009